



LEARNING DISABILITIES POLICY v1.0

Policy Statement:

This policy will ensure that the services provided by the Trust are equally and easily accessible to the diverse communities it serves.

Key Points

- This policy applies to all staff and Trust services and provides details of how to access and effectively use Learning Disability services.
- This policy will ensure that “all patients can get the right service, at the right time, in the right place and in the right way”.

Paper Copies of this Document

- If you are reading a printed copy of this documents you should check the Trust's Policy website (<http://sharepoint/policies>) to ensure that you are using the most current version.

Ratified Date: June 2011

Ratified By: Nursing and Midwifery Board

Review Date: June 2014

Accountable Directorate: Corporate Nursing / Equality and Diversity

Corresponding Author: Head and Deputy Head of Equality and Diversity

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Version	Status	Date	Consultee	Comments	Action from Comment
1.0	Approved	June 2011	M Sunderland	-	-

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1 Circulation

- This Policy should be read by all Heart of England NHS Foundation Trust (HEFT) staff responsible for developing and delivering patient care. It provides information on how staff can monitor, refer and deliver nursing care, which is sensitive to the care of individual patient with Learning Disabilities, through identified pathways.
- This Policy applies equally to staff in a permanent, temporary voluntary or contractor role acting for or on behalf of HEFT.

2 Scope

This policy applies to the practice of Heart of England NHS Foundation Trust staff in the provision of services to people with learning disabilities who access our wards and departments.

It also identifies the manner in which the learning disability staff of partnership organisations can work together with Heart of England NHS Foundation Trust staff in the provision of a service to people with learning disability and their carers.

3 Definitions

Learning Disability is defined as the combination of the following three things (DH 2001)

- A significantly reduced ability to understand new or complex information, to learn new skills (impaired intelligence)
- A reduced ability to cope independently (impaired social functioning)
- Which started before adulthood and has had a lasting effect on development.

Within this definition there are a wide and varying range of needs, from those with the most profound learning disability, sometimes associated physical or sensory disabilities, through to those with milder learning disability who may present unaccompanied and may not have a main carer.

The policy cannot outline the actions required for all people with learning disability as each person's needs will differ. An individual, flexible approach to establishing the person's needs whilst accessing Hospital services is required by all.

The presence of a learning disability does not negate a patient's ability to consent for themselves. Refer to the Trust's Consent to Examination and Treatment Policy for direction on assessment of capacity and best interest decision-making. As with all situations where you believe a patient to be at significant risk or particularly vulnerable, you must take appropriate actions with or without consent, commensurate with the level of risk you have identified.

4 Reason for Development

The philosophies which underpin learning disability practice expect a greater emphasis on the person attending mainstream health care services in order to promote choice, rights, independence and inclusion in society and ensure they receive good quality healthcare (Department of Health 2001).

It is well documented that people with learning disabilities have high levels of health needs compared to the general population, yet they are often poorly met with people experiencing difficulties in accessing mainstream health care services. (Wilson and Haire 1990, Lawrie 1995, Turner and Moss 1996, Mencap 1998, DH 2001, Glasby 2003, Hatton et al 2003).

Due to this and other compounding factors there is a high level of health inequalities for this group in society. These factors and the requirements within the Disability Discrimination Act dictate that additional measures should be taken to reduce the inequalities and remove barriers to access for this particular population.

More specifically a High Court Judgement ruled that medical treatment cannot be withheld from patients on the grounds of the severity of their learning disability or due to concerns over the management of their behaviour (Hartley 2003).

The National Patient Safety Agency (NPSA 2004) identified that patients with learning disabilities are more vulnerable in acute hospitals than the general population due to their additional complex needs. In identifying five priority patient safety areas, their initial focus is the improvement of the safety and quality of healthcare for people with learning disability in general hospitals.

Twenty six percent of people with learning disabilities are admitted to general hospitals each year in comparison to fourteen percent of the general population with families often feeling a need to 'take responsibility' for their dependents care (Mencap 1998).

Research evidence indicates that nurses and other staff working within general hospitals:

- Lack confidence when caring for people with learning disabilities (Glasby 2003)
- Have negative attitudes towards people with learning disabilities (Biley 1994, Fitzsimons & Barr 1997)
- Have limited knowledge and understanding of the client group's needs (Fitzsimons & Barr 1997, DH 2001)
- Feel that learning disability nurses should remain with the patient throughout their hospital admission (Slevin & Sines 1996)
- Were in favour of segregating people with learning disabilities from other patients (Slevin & Sines 1996)

The limited research into the experience of people with learning disabilities and their carers in general hospitals indicates overall dissatisfaction (Hart 1998). A fear of hospitals, poor communication,

inadequate information and poor quality of care are specific points raised (Mencap 1998; Cumella & Martin 2000).

This policy will focus on addressing such issues locally.

5 Aims and Objectives

- The aims and objectives of this policy is:
- To enable staff to undertake a full Learning Disabilities assessment of patients needs on admission.
- To support staff in developing appropriate care interventions during treatment within the Trust.
- To provide care pathways and referrals mechanisms to services where appropriate.
- To work collaboratively with commissioners, to ensure a seamless services for patients with a Learning Disability.

6 Standards

On ratification, this policy and Equality Impact Assessment would be launched on the Trust Intranet/Internet website e.g. Equality and Diversity Department webpage and Trust Intranet Policies webpage.

7 Responsibilities

7.1 Chief Nurse/Ratifying Committee Responsibilities

The Nursing and Midwifery Board will be responsible for ratification of this document and requesting review every three years or following any required **material changes to the policy**.

7.2 Trust Five Operational Boards Responsibilities

The above Boards will be informed of the review of this policy and advised on any Risks and Governance issues to ensure that the Learning Disabilities service provision meets the needs of patients.

7.3 Equality and Diversity/Learning Disabilities Steering Group and the Governance and Risk Committee Responsibilities

The above Committee/Group will receive reports and will advise the way forward on the recommendations made therein.

7.4 Patient Booking Office/Medical Staff/Matrons/Directorate Managers

Trust Matrons/Directorate Managers are responsible for ensuring that the policy is implemented within Heart of England NHS Foundation Trust.

7.5 Responsibilities of the Ward/Department Manager

- To ensure all staff are aware of the policy and its contents.
- To ensure the individual needs of patients with a Learning Disability are considered and met appropriately.
- To communicate with carers/care homes/multi-agency professionals and commissioners to ensure patients with a Learning Disability are provided with an effective service.

7.6 Partnership Organisations

Partnership organisations are required to communicate and co-operate with the policy arrangements in their referrals to patients with a Learning Disability within Heart of England NHS Foundation Trust.

8 Training Requirements

It is recognised that Trust staff will require additional skills/knowledge to enable them to meet the requirements of the policy. Training is provided by the Trust's Equality and Diversity Department in collaboration with the Health Facilitation Nurses and carers.

9 Monitoring and Compliance

The policy will be reviewed on change of arrangements. A policy review will be initiated following any incident or complaint which arises that highlights the need to review the policy.

Patterns and trends from complaints through PALs/Complaints Department and patient surveys will highlight any areas of non-compliance. A policy review will also be undertaken following new legislation or changes in clinical practice. Local practices will apply for the distribution of the policy within Heart of England NHS Foundation Trust.

9.1 Within Heart of England NHS Foundation Trust

The policy, once approved, will be lodged on the Intranet site for policies and procedures within the Trust and also uploaded to the Equality and Diversity Department's Intranet/Internet site. Staff will be informed of its presence via Team Brief. Nursing and Midwifery staff will be informed via the Chief Nurse.

9.2 Within Commissioning Organisations

Partnership organisation staff will be informed through current cascade systems. Trust Discharge Co-ordinators will be informed directly.

Attachment 1

Consultation and Ratification

Title	Learning Disability Policy
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	Ratification checklist	Details
1	Is this a: Policy	
2	Is this: New	
3	Format matches Policies and Procedures Procedure (Organisation-wide)	Completed
4	Consultation with range of internal / external groups / individuals	Completed
5	Equality Impact Assessment completed	Completed
6	Are there any governance or risk implications? (e.g. patient safety, clinical effectiveness, compliance with or deviation from National guidance of legislation etc)	Yes
7	Are there any operational implications?	Yes
8	Are there any educational or training implications?	Yes
9	Are there any clinical implications?	Yes
10	Are there any nursing implications?	Yes
11	Does the document have financial implications?	Yes
12	Does the document have HR implications?	No
13	Is there a launch / communication / implementation plan within the document?	Yes
14	Is there a monitoring plan within the document?	No
15	Does the document have a review date in line with the Policies and Procedures Procedure (organisation-wide)?	Yes
16	Is there a named Director responsible for review of the document?	Yes
17	Is there a named committee with clearly stated responsibility for ratification monitoring and review of the document?	Yes

Document Author / Sponsor

Signed Title Date

Approved by (Chair of Trust Committee of Executive Lead)

Signed Title Date

Attachment 2

Equality Impact Assessment

Policy/Service Title: Learning Disabilities Policy		Directorate: Corporate Nursing					
Name of person/s auditing/developing/authoring a policy/service: Pamela Chandler							
Aims/Objectives of policy/service:							
Policy Content:							
<ul style="list-style-type: none"> For each of the following check the policy/service is sensitive to people of different age, ethnicity, gender, disability, religion or belief, and sexual orientation? The checklists below will help you to see any strengths and/or highlight improvements required to ensure that the policy/service is compliant with equality legislation. 							
1. Check for DIRECT discrimination against any group of SERVICE USERS:							
Question: Does your policy/service contain any statements/functions which may exclude people from using the services who otherwise meet the criteria under the grounds of:		<i>Response</i>		Action required		<i>Resource implication</i>	
		Yes	<i>No</i>	Yes	No	Yes	No
1.1	Age?		X		X		X
1.2	Gender (Male, Female and Transsexual)?		X		X		X
1.3	Disability?		X		X		X
1.4	Race or Ethnicity?		X		X		X
1.5	Religious, Spiritual belief (including other belief)?		X		X		X
1.6	Sexual Orientation?		X		X		X
1.7	Human Rights: Freedom of Information/Data Protection		X		X		X
1.8	Language?		X		X		X
If yes is answered to any of the above items the policy/service may be considered discriminatory and requires review and further work to ensure compliance with legislation.							
2. Check for INDIRECT discrimination against any group of SERVICE USERS:							
Question: Does your policy/service contain any statements/functions which may exclude people from using the services under the grounds of:		<i>Response</i>		Action required		<i>Resource implication</i>	
		Yes	<i>No</i>	Yes	No	Yes	No
2.1	Age?		X		X		X
2.2	Gender (Male, Female and Transsexual)?		X		X		X
2.3	Disability?		X		X		X
2.4	Race or Ethnicity?		X		X		X
2.5	Religious, Spiritual belief (including other belief)?		X		X		X
2.6	Sexual Orientation?		X		X		X
2.7	Human Rights: Freedom of Information/Data Protection		X		X		X
2.8	Language?		X		X		X
If yes is answered to any of the above items the policy/service may be considered discriminatory							

and requires review and further work to ensure compliance with legislation.

TOTAL NUMBER OF ITEMS ANSWERED 'YES' INDICATING DIRECT DISCRIMINATION = NIL

3. Check for DIRECT discrimination against any group relating to EMPLOYEES:

Question: Does your policy/service contain any statements which may exclude employees from implementing the service/policy under the grounds of:	Response		Action required		Resource implication	
	Yes	No	Yes	No	Yes	No
3.1 Age?		X		X		X
3.2 Gender (Male, Female and Transsexual)?		X		X		X
3.3 Disability?		X		X		X
3.4 Race or Ethnicity?		X		X		X
3.5 Religious, Spiritual belief (including other belief)?		X		X		X
3.6 Sexual Orientation?		X		X		X
3.7 Human Rights: Freedom of Information/Data Protection		X		X		X
3.8 Language?		X		X		X

If yes is answered to any of the above items the policy/service may be considered discriminatory and requires review and further work to ensure compliance with legislation.

4. Check for INDIRECT discrimination against any group relating to EMPLOYEES:

Question: Does your policy/service contain any conditions or requirements which are applied equally to everyone, but disadvantage particular persons' because they cannot comply due to:	Response		Action required		Resource implication	
	Yes	No	Yes	No	Yes	No
4.1 Age?		X		X		X
4.2 Gender (Male, Female and Transsexual)?		X		X		X
4.3 Disability?		X		X		X
4.4 Race or Ethnicity?		X		X		X
4.5 Religious, Spiritual belief (including other belief)?		X		X		X
4.6 Sexual Orientation?		X		X		X
4.7 Human Rights: Freedom of Information/Data Protection		X		X		X
4.8 Language?		X		X		X

If yes is answered to any of the above items the policy/service may be considered discriminatory and requires review and further work to ensure compliance with legislation.

TOTAL NUMBER OF ITEMS ANSWERED 'YES' INDICATING INDIRECT DISCRIMINATION = NIL

Signatures of authors / auditors:

Date of signing:

Equality Action Plan/Report

Directorate: Nursing Directorate

Service/Policy: Learning Disabilities Policy

Responsible Manager: Pamela Chandler

Name of Person Developing the Action Plan: Not Applicable

Consultation Group(s): E&D / LD Steering Group; Disability Advisory Group

Review Date: March 2014

The above service/policy has been reviewed and the following actions identified and prioritised.
All identified actions must be completed by the date: **Not Applicable**

Action:	Lead:	Timescale:
Rewriting policies or procedures		
Stopping or introducing a new policy or service		
Improve /increased consultation		
A different approach to how that service is managed or delivered		
Increase in partnership working		
Monitoring		
Training/Awareness Raising/Learning		

When completed please return this action plan to the Trust Equality and Diversity Lead; Pamela Chandler or Jane Turvey. The plan will form part of the quarterly Governance Performance Reviews.

Signed by Responsible Manager:

Date:

Attachment 3

Launch and Implementation Plan

To be completed and attached to any document which guides practice when submitted to the appropriate committee for consideration and approval.

Action	Who	When	How
A new Trust policy	Pamela Chandler	June 2011	After ratification and endorsement the policy will become operational
Identify key users / policy writers	User = Trust staff Writers = Pamela Chandler/Riaz Janjua	June 2011	N/A
Present / communicate Policy to key user groups	Trust staff and commissioning organisations	June 2011	Policy to be presented to the Medicine and Surgery business units; E&D/LD Steering Group; LD Health Facilitation Nurses; policy launch; daily communication bulletin; E&D website; ward/departments visits; attend team/directorate meetings; Team Brief; LD posters; article in Heartbeat; report to user advisory groups; GP Bulleting
Add to Policies and Procedures intranet page/document management system.	Jane Turvey	June 2011	The policy will be available on the E&D Department webpages and Trust Intranet Policy webpages
Offer Awareness training/incorporate within existing training programmes	Pamela Chandler/Riaz Janjua	Ongoing	Equality and Diversity training programme
Circulation of document (electronic)	Jane Turvey	June 2011	The policy will be available on the E&D Department webpages and Trust Intranet Policy webpages

Dissemination Record – to be used once document is approved

Date put on register / Library of procedural documents		Date due to be reviewed		
Disseminated to: (either directly or via meetings, etc)	Format (i.e. paper or electronic)	Date Disseminated	No. of Copies Sent	Contact Details / Comments

Attachment 4

Definitions

Learning Disability is defined as the combination of the following three things (DH 2001)

- A significantly reduced ability to understand new or complex information, to learn new skills (impaired intelligence)
- A reduced ability to cope independently (impaired social functioning)
- Which started before adulthood and has had a lasting effect on development.

Attachment 5

References

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