

Policy for Supporting Adults & Children with Learning Disabilities & Autism when accessing Acute Hospital Services

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Target Organisation(s)	Worcestershire Acute Hospitals NHS Trust
Target Departments	All clinical staff
Target staff categories	Patients of all ages. 0-17 years, 18 years +

Policy Overview:

This policy applies to all staff employed within Worcestershire Acute Hospitals Trust who has responsibility for the care of patients, or who provide a service to patients, including those with learning disabilities.

Key amendments to this Document:

Date	Amendment	By:
07/10/13	Minor amendments made to title, page one and page three	Rani Virk
22/12/15	Document extended for 12 months as per TMC paper approved on 22 nd July 2015	TMC
Dec 2016	Further extension as per TMC paper approved on 22 nd July 2015	TMC
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April 2019	Document extended for 6 months whilst Patient Experience reviews and changes to funding process agreed	Rachel Sproston
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June 2020	Document extended for 6 months during COVID-19 period	
February 2021	Document extended for 6 months as per Trust agreement 11.02.2021	Trust agreement
June 2022	Full Review and Update	Nikki Rai
June 2024	Document reviewed in line with the need to incorporate Children services into the policy	Julie Webber LNPE

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1. Introduction

This policy has been jointly developed by Worcestershire Acute Hospitals NHS Trust and the Learning Disability Team for Worcestershire. It addresses a number of important issues for people with learning disabilities which include equality of access, easy to understand information, best interest decision making and the role of the Community Learning Disability Teams and support staff.

Objectives

The main objective of this policy is to ensure that people with learning disabilities are able to access high quality health care when attending Worcestershire Acute Hospitals NHS Trust for diagnostic investigations or treatment by:

- Enabling staff at the acute Trust to understand the needs of people with learning disabilities and to equip them to deal more effectively with the particular needs of each individual.
- Providing clarity for residential and other Learning Disabilities 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.
- Supporting Learning Disabilities staff attending the Acute Hospitals with clients.
- Ensure the Hospital Passport for people with learning disabilities using hospital services is understood and used appropriately.
- Reasonable adjustments
- Ensuring psychological support and seamless visit.

2. Scope of Policy

- This policy applies to all staff working at Worcestershire Acute Hospitals NHS Trust who have responsibility for the care of patients or provide a service, including those patients with learning disabilities, this policy applies to all locations and includes temporary employees, locums, agency staff, contractors and visiting clinicians.
- This policy is for patients deemed as adults of the age of 18 and above and Children. For further guidance please also refer to the Policy for Consent to Examination and Treatment WAHT-CG-075, Safeguarding Children policies and procedures should be read in conjunction with the Worcestershire Safeguarding Children Partnership (WSCP) National, Regional and Local Policies and Procedures which can be found at: <https://www.safeguardingworcestershire.org.uk>

3. Definitions

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. The oxford English dictionary describes a learning disability as “a disability that affects the acquisition of knowledge and skills, in particular a neurodevelopmental condition affecting intellectual processes, educational attainment, and the acquisition of skills needed for independent living and social functioning”.

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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.

A learning disability can also be referred to as an intellectual disability or global development impairment (this term should only be used until the age of 5 years old).

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.

Learning disability does not include;

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

People with learning disabilities have the 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. For people with learning disabilities who use the services provided by Worcestershire Acute Hospitals NHS Trust responsibility for the delivery of that care will remain with the hospital for the duration of the individual's treatment.

People with a Learning Disability may be on the GP Learning Disability Register:

A GP Learning Disability Register is an 'all ages' list including babies, children, young people and adults registered at their local GP practice who have a learning disability (not a learning difficulty).

4. Responsibility and Duties

General Staff Roles and Responsibilities

The wards and departments across the 3 hospital sites for Worcestershire Acute Hospitals NHS Trust are managed by a matron, sister or charge nurse. Teams of nurses will provide 24-hour individualised ward level care to meet the requirements of people with learning disabilities this will not be on a 1:1 basis unless this has been assessed and agreed using the enhanced therapeutic observation policy. In addition to nursing staff, like other patients,

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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.

We encourage learning disability patients to attend the hospital with a copy of their 'hospital passport' which will be passed to the ward area, the ward nursing team will liaise with him/her and or his/her carer to identify individual health requirements and make reasonable adjustments where possible. **The patient passport will also form part of the learning disability dashboard on the Trusts information technology system so it can be held electronically. In emergency admissions if a copy of the hospital passport cannot be provided immediately the carer and ward area can complete the Trusts 'Hospital passport' to ensure care is provided to meet the individual needs of the patient. A blank copy of 'This is my hospital passport' is available in the LD Resource file in the ward areas.** This document will support the ward teams in providing individualised care. The traffic light icon is also available in the LD resource file and acts as a subtle identifier for staff to be aware of learning disability patients and to refer to the hospital passport to understand more about the individual needs of the patient. This bedside symbol can be displayed above the bed following the patient and their carers agreement. **The Sunflower symbol may also be used to indicate a patient has a disability (which may also be hidden).**

Ward staff should ensure that all patients with a learning disability (have a flag/alert on the electronic patient records. If an alert is in place this will automatically notify our Learning Disability Acute Liaison Team to their admission. For patients without the flag/alert the ward team should refer the patient to the Learning Disability Acute Liaison Team by calling or emailing (Appendix 7). Ward staff should provide care but can be supported by the Learning Disability Acute Liaison Nurses, please note this is not a 24/7 service so early notification for support is recommended.

The Children's Team must be mindful of the term global developmental delay (i.e. child is slow in all areas of development). After the age of 5 years global developmental delay should be referred to as a learning disability. Staff should ensure that these children are included in the learning disability flag / alert on the electronic patient records.

There are two Learning Disability and Neurodivergent Champions on Riverbank

Carers/ Family Role

Some patients may attend with a paid carer or family member. They provide our patients with familiarity and emotional support, acting as a patient voice and advocate. They can provide the clinical team with knowledge of the patients' individual needs. There should be no expectation that carers/family will provide care to the patient but may contribute by sharing valuable knowledge in how best the clinical staff can support the patient's needs.

Carers are supported by the Trust and the Carers Policy (WAHT-CG-663) Trust staff and volunteers recognise the positive contribution that carers can make to patient's stays in hospital and in ensuring that discharge arrangements are effective and appropriate. It also covers the support and guidance available to carers to help maintain and improve their own wellbeing.

In the paediatric setting, parents / carers of children are regarded as 'experts by experience'. Experts by Experience are people who have recent personal experience (within the last eight years) of using or caring for someone who uses health, mental health and/or social care services.

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Their knowledge and care of their child and their conditions should not be unrecognised.

The Role of Learning Disability Acute Liaison Nurses when supporting service users in Hospital

The responsibility for providing medical and nursing care remains with the ward/speciality but the Learning Disability Acute Liaison Nurses will offer the clinical teams support, guidance and information to provide care to Learning Disability patients that best suits their individual needs. Reasonable adjustments will be discussed with the clinical team and recorded within the patient records to allow staff to provide continuity of care.

Learning Disability Acute Liaison Nurses should not be expected to agree to clinical procedures on behalf of the service user.

Learning Disability Acute Liaison Nurses can form a part of the discharge planning team for Learning Disability patients that they have actively supported during their hospital stay to ensure a seamless discharge.

5. Policy Detail

5.1 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 carers, family members, advocates, care managers and learning disability team staff.

Many people with learning disabilities may have difficulties with communication and may require additional time and support to meet their individual communication needs. There is a range of easy-to-understand information available to enable people with learning disabilities to better understand hospital appointments and admissions, the Learning Disability Liaison Nurses can support these with resources to support communication needs.

For children and young people attending the Trust it is important to ask them and their parent / carer what communication methods they are familiar with and are comfortable to use for example visual systems such as Widget and PECS (Picture Exchange Communication System) or their ability to use Makaton (based on British Sign Language). It is important to ensure that the children and young people are given more time to take in what is being said and to communicate more slowly than you may normally to allow them to process what it is that you are communicating.

5.2 'My Hospital Passport'

My Hospital passport will assist in ensuring that relevant information about a person's health status and support needs can be made available to hospital staff.

'My Hospital Passport' (**Appendix 2**) is a document which provides clear and concise information in an easy to understand format regarding the person's health and support needs. 'My Hospital Passport' belongs to the service user and should accompany the person for all hospital appointments and admissions. The LD Liaison Nurse will ensure the Passport is available and completed supporting the ward area with this.

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5.3. CONSENT AND BEST INTEREST DECISION MAKING

All adults are presumed to have sufficient capacity to decide on their own medical treatment, unless there is significant evidence to suggest otherwise.

Mental Capacity Act (2005) requirements for clinical decisions regarding care and treatment

The Mental Capacity Act's starting point is to confirm in legislation that it should be assumed that an adult (aged 16 or over) has full legal capacity to make decisions for themselves (the right to autonomy) unless it can be shown that they lack capacity to make a decision for themselves at the time the decision needs to be made. This is known as the presumption of capacity. The Act also states that people must be given all appropriate help and support to enable them to make their own decisions or to maximise their participation in any decision-making process for both adults and children.

Before children reach the age of 16, the law assumes that they are not able to make decisions for themselves. In such cases a parent with parental responsibility will be asked to make decisions on behalf of the child, such as whether proposed medical treatment should be given to their child. Parents making decisions on behalf of their child are expected to make decisions in the best interest of their child.

There may be occasions when the parent / carer of the child in hospital has learning disabilities. The parent / carer should be provided with accessible information and be offered access to an advocate.

Where professionals have assessed the individual as lacking mental capacity in respect of the proposed treatment or intervention then the 'decision maker' needs to ensure that any decision made, or action taken, on behalf of someone who lacks the capacity to make the decision or act for themselves is made in their best interests.

Healthcare Professionals may need to involve advocacy services in best interest decision making and should pay due regard to any pre-existing Power of Attorney (Health & Wellbeing), advance decision, ReSPECT or Court Order.

In the event of concerns regarding those consulted in the patient's best interests then Trust safeguarding procedures should be followed.

Further information can be found here: <http://whitsweb/KeyDocs/>
Policy for Consent to Examination or Treatment – WHAT-CG-075
Policy for Assessing Mental Capacity and the Mental Capacity Act 2005
Safeguarding Pathway – intranet homepage

Supporting Children with a Learning Disability and or Autism

Under the Children and Families Act 2014, the [Special Educational Needs and Disabilities \(SEND\) Code of Practice](#) sets out the statutory duties for health, education and social care to listen to families and provide the right range of services so that children, young people and young adults up to the age of 25yrs can achieve their potential

The policy addresses several important issues for both children and adults with learning disabilities (LD) and / or Autism when accessing services provided by the Trust & its staff.

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This includes equality of access, accessible information, capacity and consent, and the role of the learning disability nurses, and support staff. Children with learning disabilities and / or Autism have the 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. (Health Care for All 2008 and CQC Fundamental Standards 2015) There are many reports highlighting the health inequalities faced by people with LD accessing healthcare services such as **Death by Indifference** (2007), *Valuing People Now* (2009), *The Confidential Enquiry CIPLOD* (2013) and the *Treat Me Well Campaign MENCAP* (2018) The trust monitors the care it provides to patients in line with the NHS Improvement Standards (June 2018). There are approximately 1.5 million adults in the UK with a LD and approximately 2.5% of Children in the UK have a Learning Disability (MENCAP 2024). As highlighted in the *Annual Learning Disability Mortality Review (LeDeR) Report* (2019), It is known that too many people with a learning disability are dying from preventable deaths and are dying much earlier than the general population, the disparity in age at death in people with LD and the general population was 23yrs for males & 27yrs for females. The aim of the LeDeR programme is to support improvements in the quality of health and social care service delivery for people with LD and to help reduce early deaths and health inequalities for people with LD. By finding out more about why people with LD have died we can learn about what can be changed to improve the quality of care people with LD receive.

The Child Death Overview Panel (CDOP) independently review and identify learning points from services involved with the child leading up to their death. The National Child Mortality Database (NCMD) [2024] produced a thematic report based on findings of the Child Death Overview Panel (CDOP) on the deaths of Children with a learning disability and autistic children aged 4-17 years between 2019 and 2022 and advised that:

- Reasonable adjustments are discussed with and provided for all children with a learning disability, autistic children, and where necessary their families and carers
- That there is a recognition that infants and children with a learning disability and autistic children with underlying health conditions may be at higher risk of death from infection
- A designated Named Lead Healthcare professional is identified to support autistic children and children with a learning disability, with multiple co-morbidities and complex health care needs.

Autism is a spectrum condition and affects approximately 700,000 people in the UK. Approximately 1 child in every 100 has autism (BMA 2020). There is a high prevalence of Autism in the LD population therefore it should be considered within this policy. The main 3 areas of difficulties experienced by people with Autism are: Social Communication, Social Interaction and Social Imagination. People with Autism may require adjustments to be made to their care whilst accessing hospital services.

Purpose

In addition, the policy aims to ensure that staff will be supported to develop an understanding of children with learning disabilities and to enable staff to develop a better understanding of the needs of children with learning disabilities and to equip them to deal more effectively with the particular needs of each individual.

- It also describes where staff can seek advice from the Adult Learning Disability Liaison Nurse, and the Community Learning Disabilities Team where appropriate.

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- Further embed the use of the Hospital Passport, 'This is Me', for people with learning disabilities using the trust.
- Support the use of the LD digital flagging alert. Provide an opportunity for the Trust and Learning Disability Liaison Nurses to work together to develop
 - Effective communication
 - Training
 - An increased awareness of the particular needs **of a child** with learning disability
 - Accessible information for service users.
 - Identify and implement reasonable adjustments.

Definition of a learning disability within children and adults: 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, IQ less than 70.
- 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.

3.4 Learning disabilities 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 children with specific learning problems does not indicate that a person has a learning disability as defined above.

Autism is a lifelong neurodevelopmental condition, the core features of which are persistent difficulties in social interaction and communication and the presence of stereotypic (rigid and repetitive) behaviours, resistance to change or restricted interests. The way that autism is expressed in individual people or children differs at different stages of life, in response to interventions, and with the presence of coexisting People with autism also commonly experience difficulty with cognitive and behavioural flexibility, altered sensory sensitivity, sensory processing difficulties and emotional regulation difficulties. The features of autism may range from mild to severe and may fluctuate over time or in response to changes in circumstances (NICE 2016)

In July 2023 NHSE published Clinical guide for front line staff to support the management of patients with a learning disability and autistic people – relevant to all clinical specialties and outlined the following key points:

- Be aware of diagnostic overshadowing
- Pay attention to healthcare passports
- Ensure that clinical decisions around care and access to treatment are made on an individual basis
- Listen to parents and carers

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- Make reasonable adjustments to enable a person to receive the assessment and treatment they need.
- Communicate in accordance with the person's known preference and ability
- Understand their behavioural responses to illness, pain and discomfort
- Adhere to principles of the Mental Capacity Act
- Ask for specialist support and advice if necessary
- Staff to complete training on how to support people with a learning disability and autistic people
- Assess mental wellbeing and emotional distress - A hospital setting may make people with a learning disability and autistic people more anxious or lead to adverse behaviours, such as hurting other people, hurting themselves or damaging property

For full details refer to Appendix 3

Ref: [\(NHS England » Clinical guide for front line staff to support the management of patients with a learning disability and autistic people – relevant to all clinical specialties\)](#)

The child and young person may be on an EHCP (Education, Health and Care Plan) which is a legal document which describes the child or young person up to the age of 25 special educational needs, the support they need and the outcomes they would like to achieve. This is provided by the Local Authority and is reviewed annually. The EHCP can be a useful tool in providing patient and family insight / information for the ward team.

A child or young person with learning disability or autism who is in hospital with mental health needs may be assessed for the need of admission to a mental health unit and require a CETR or LAEP. Those assessed and who consent will be added to a Dynamic Support Register (DSR) which provides a risk stratification.

A C(E)TRs is for people who have been admitted to a mental health hospital or for people **who are at risk of admission**. They are undertaken by commissioners to ensure that people are only admitted to hospital when absolutely necessary and for the minimum amount of time possible. Care and Treatment Reviews (CTRs) are for adults and C(E)TRs are for children and young people.

C(E)TRs are carried out by an independent panel of people. This includes an expert by experience, who is an autistic person or a person with a learning disability or a family carer with lived experience of services. The panel also includes a clinical expert who is qualified to work in healthcare and the commissioner who pays for the person's care.

The CETR is person centred and focuses on them getting better and being discharged from hospital (or avoid hospital admission) and getting the right support to live well in the community.

In more urgent cases a LAEP (Local Area Emergency Protocol) may take place. This is a short meeting which is convened within a week. The purpose of LAEP meetings is to work together with the professionals around the individual to determine clear plans for the care.

Safeguarding Adult Nurse Lead / Named Nurse for Safeguarding Children Is responsible reporting any death in the Trust of a person with a learning disability to the LeDer programme. It is also their responsibility to collate information regarding safeguarding issues

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and concerns. The safeguarding lead nurse/s provides advice and support to the LD Nurses where required.

Learning Disability Champions.

The role of the LD champion is to: To have a good understanding of the needs of people with Learning Disability accessing the hospital and be able to share this with other staff within the ward/department. Be a proactive role model, liaison point & resource for high quality patient care for people with Learning Disabilities. Discuss best practice and share new information with colleagues through discussion, written information & ward based teaching sessions. Escalate concerns to Senior Ward Sister/Charge Nurse, Matron & or Learning Disability Liaison Nurse. Demonstrate the ability to articulate the trusts policies, procedures and guidelines for patients (both adults and children) with a Learning Disability. Ensure that resource files on the ward contain appropriate and up to date information. Promote the use and recognition of the 'This is Me' care passport and ensure that all patients have a completed and up to date copy which is accessible to all of those involved in their care e.g. nursing file and medical notes. Encourage staff to utilise the LD traffic light symbol on patient flow. Inform the LD Nurses of any current or planned admissions for patients with a Learning Disability in addition to any complex case issues. Support family and carers of patients with a Learning Disability. Promote the implementation of reasonable adjustments promoting equal access to health care services. Learning disability Flag on SUNRISE – raising awareness and contacting the LD Nurses if patient does not have one. Ensure that Learning Disability Liaison nurse is kept up to date with any practice issues, concerns or complaints. Play an active role in supporting the Learning Disability Liaison Nurses in facilitation of Learning Disability study days and Learning Disability Awareness Week. Undertake Ward based training activities to develop colleagues' awareness of patients with Learning Disabilities.

All staff members are expected to act as an advocate for the child and their family, make reasonable adjustments to support the child's care by referring to the child's Hospital Passport, (or encourage a Hospital Passport to be completed if not in place), work in partnership with the child and family, ensuring that they are supported throughout their admission and have clear knowledge of their discharge plan. A child with Learning Disability or Autism who is expected to be on the children's ward for more than 48 hours will be assigned a team of nurses to provide care 'around the child' to build relationships and ensure effective communication is maintained. The team will be led by a Band 6 Sister. Nursing staff must inform the Health Visitor Liaison Team of school age child / young person admission and the school they attend.

Care pathways There are two pathways for patients with learning disabilities using hospital services. One is for planned admissions to hospital and the second for emergency admissions via the Accident and Emergency Department or Emergency Assessment Unit.

The key priorities identified for either pathway:

- Early referral to the relevant Learning Disability Specialist Nurses to:
- Providing support and guidance to hospital staff in order to meet the needs of people with learning disabilities.
- Providing accessible information for service users with learning disabilities about their treatment and their hospital stay

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- Support for people with learning disabilities at any point of their hospital journey including parents with a Learning Disability.
- Encouraging staff to make reasonable adjustments to care where require
 - Understanding Mental Capacity Act and the application of Capacity assessments and Best Interest decision making regarding treatment options
- Involvement and engagement with families and other carers in assessment of need and planning care and interventions This work will be discussed and progressed at the Trust Learning Disability Steering Group which is a multidisciplinary group held internally. This group in turn reports into the Trust's Quality Governance Committee.

Communication

Many barriers to healthcare can be overcome by effective communication. Health care staff will need to communicate effectively not only with the person with a LD and / or Autism but with support staff, family members, advocates, care managers, learning disability team staff and other professionals. Many people with LD and / or Autism 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 behaviour which can be challenging 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. Patients and their carers may require more time to explain / express themselves.

5.3.1.

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 and anxiety
- Difficulties in expressing choices. Some of these difficulties relate to the person's 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". Staff also need to ensure that they present the information in a way that is appropriate for each individual patient. Please refer to the trusts mental capacity and best interest folder on the Trust Intranet

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For children and young people with a learning disability and/or autism who have a planned admission arranged, the clinician should make the Learning Disability Nurse for Children & Young People aware at the point of booking. To ensure proactive planning and reasonable adjustments are arranged prior to admission including desensitisation work; pre-admission visits; accessible information; risk assessments and care planning. For children and young people with a learning disability and/or autism a discharge planning meeting may be required if there have been significant changes in needs or care required. For children and young people with a learning disability and/or autism all correspondence (clinic letters and all discharge summaries) should clearly document all co-morbidities to ensure good information sharing, identification and recording of a child/young person's learning disability / autism diagnosis.

Urgent or Emergency Admissions

If possible, when admitted carers should provide the Hospital Passport to the nurse caring for the patient or the nurse in charge who will be able to assist the individual with their needs. If it is anticipated that the service user may have some significant problems, then liaison should be attempted with the Acute IN reach LD Liaison nurses for support and awareness of patient's arrival into A&E. For adults, children or carers with LD who have phobias and or challenging behaviours, support will need to be negotiated on a one-to-one basis. When a patient with LD attends the ED, the department should make the relevant LD nurse aware of the patient's attendance as soon as possible as well as the nurse in charge.

Reference should also be made by the Urgent Care staff to carry out care in accordance to the following guidelines:

Learning Disabilities and Autism WAHT Emergency Department Guideline May 2024.

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. For a patient that lacks capacity to consent to share information any information shared should be in the patient's best interest as defined under the principles of the MCA or for children and young people, the Gillick Competency or parental responsibility.

It must not be assumed that the person's next of kin is the primary carer. Many people with learning disabilities and / or Autism live in registered care homes or supported environments, and the care provider is responsible for the health and wellbeing of the service user. Care staff would expect to be involved in best interest discussions where the person with a learning disability lacks capacity. Many people with LD 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.

Patients 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. Key professionals involved in the person's care are highlighted in the Hospital Passport. Patients with LD should be offered the opportunity to have a flag placed on the hospital electronic system Sunrise to alert staff to the fact that the person has a LD. This will allow hospital staff to ensure they have made

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reasonable adjustments to the care provided. If the patient lacks capacity to make this decision, a best interest decision can be made.

Behaviours that Challenge

Approximately 7 – 15% of people with a LD display challenging behaviour. It is more likely to occur in those with communication difficulties. Behaviours that challenge occur for a reason. It often occurs to get the individuals needs met. Behaviours that challenge are more likely to occur in hospitals as it is an unfamiliar environment and can cause the person anxieties. Reasons for such behaviour include pain, avoiding situations/people, accessing preferred objects, frustration, lack of understanding and communication difficulties. The behaviour displayed may be self-injury, destructiveness, non-compliance, verbal/physical aggression, and stereotyped behaviours. It may be displayed as this is the only way the patient can communicate their needs and wishes. This presentation can lead to diagnostic overshadowing where once a behavioural diagnosis is made there is a tendency to attribute all other problems to that diagnosis, thereby leaving other co-existing conditions undiagnosed. When managing behaviour that challenges staff should utilise the hospital passport, behaviour charts and LD risk assessment. Where practical planning and proactive strategies should be implemented. If reactive strategies are required these should be the least restrictive options (includes physical and chemical restraint). Staff should refer to the 'Violence and Aggression Policy incorporating Lone Workers', and the 'Mental Capacity Act (including Deprivation of Liberty Safeguards) policy'.

Consider what Reasonable Adjustments need to be made to try and eliminate or reduce an adults or child's potential challenging behaviour.

5.8 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 judgement, 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 the Learning Disability Acute Liaison Nurses and the hospital team cannot agree on the planned care or 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 in the first instance. Learning Disability Acute Liaison Nurses should also raise their concerns with the

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Lead Nurse for Patient Experience as the Trust's LD lead who can escalate appropriately at Worcestershire Acute Hospitals NHS Trust. Hospital staff should escalate their concerns through the relevant ward Manager, Matron, Consultant and Head of Nursing/Midwifery. An incident form should be completed using the Trust Datix system.

5.9. COMPLAINTS

Service users and/or carers should be supported to use the hospital's Patient Advice & Liaison Service (PALS) if there are concerns or informal issues that cannot be addressed by ward or clinic staff. PALS can be contacted by Telephone: 0300 123 1732 (*Office hours: Monday - Thursday 8.30am - 4.30pm, Friday 8.30am - 4.00pm*) or by email at: wah-tr.PALS@nhs.net

Should PALS be unable to assist, or if there is a need to pursue a formal complaint, the service user/carer should contact the Complaints Team by Telephone: 0300 1231732 (*Office hours: Monday - Thursday 8.30am - 4.30pm, Friday 8.30am - 4.00pm*) or by email at: wah-tr.Complaints@nhs.net

5.9.1. PREPARATION FOR HOSPITAL VISITS/ADMISSIONS/DISCHARGE

Prior to any planned hospital appointment or admission, carers and family can request support from the Learning Disability Acute Liaison Nurses if required. This request can be made via the Learning Disability community team or by the relevant clinical team.

If best interests decide that the patient requires sedation to facilitate a hospital visit, the medical team should liaise with the anaesthetic team.

Family members and paid carers where possible can provide information regarding the patients care needs this may include the hospital passport, details of medication or any specialist advice. (See **Appendix 1**, Core principles)

5.9.2 OUTPATIENT APPOINTMENTS

The patient or carer can share the Hospital Passport to the clinic nurse on arrival.

The clinic staff 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 the next appointment this can be arranged by the clinic nurse (subject to clinical need).

Follow up appointments should be assessed on clinical need and patient's best interest. If reasonable adjustments are required, the clinical teams should contact the Learning Disability Acute Liaison Nurses for advice and guidance in order to plan how the appointment should proceed.

For Learning Disability Patient's, we encourage the following actions to support a more positive patient experience:

- Avoid waiting around as this may exacerbate anxiety levels/ challenging behaviour - first appointments should be offered.
- Where available, single rooms should be offered to minimise anxiety levels.

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- Hospital passports and/or patient's individual needs/ reasonable adjustments have been considered and implemented as much as possible
- Sedation to be planned in advance as needed.

5.9.3 PLANNED ADMISSIONS

Learning Disability patients should have an alert/flag within their care records so that staff can be aware they may have additional requirements or needs. On receipt of referrals the secretary/clinical teams should contact the patient/carer/family to negotiate a date of procedure/admission with them taking into consideration any reasonable adjustments required.

For patients requiring general anaesthetic there could be an opportunity to combine procedures or undertake additional investigations to avoid any further distress, the this should be discussed and agreed between clinical teams.

- On receipt of the referral the secretary/clinical team/speciality should contact the patient with learning disabilities/carer to negotiate a date for an admission/ pre-operative assessment and will request that the patient take the Hospital Passport to the clinic appointment.
- Pre-assessment appointments should be planned with as much time before admission as possible to ascertain information regarding patients required care needs and levels. This information should be relayed with the admitting ward.
- Any specialist equipment for the patient will be identified at the pre-assessment clinic, this may include translation services and any specialist equipment.
- The clinical team 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 patient/carer should bring the Hospital Passport and hand to the named nurse who will be looking after the patient.
- Provision will have been made for use of a side room if appropriate. Post-operative advice and support will be available.
- If the patient requires additional support the teams should notify the Learning Disability Acute Liaison Nurses with as much notice as possible.
- Liaison between relevant disciplines, e.g. Occupational Therapy (OT), Speech and Language Therapy (SALT) 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 Learning Disability clinicians providing a support role.
- LD bedside symbol is available to display at the bedside so staff are aware the patient may require additional support – this can be displayed with patient consent.

5.9.5 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 their Hospital Passport to the nurse caring for them who will then be able to assist the individual with his/her needs.

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Accident and Emergency (A&E) admissions - if the learning disability acute liaison nurses 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.

LD bedside symbol is available to display at the bedside so staff are aware the patient may require additional support – this can be displayed with patient consent.

For Learning Disability Patient's, we encourage the following actions to support a more positive patient experience:

- Avoid waiting around as this may exacerbate anxiety levels/ challenging behaviour.
- Where available, single rooms should be offered to minimise anxiety levels and reduce noise.
- Hospital passports and/or patient's individual needs/ reasonable adjustments have been considered and implemented as much as possible

5.9.6. DISCHARGE PLANNING

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

For patients that have been supported by ALDLN the team will email the Community LD team with the discharge date so they are aware of recent discharges and can arrange further contact and follow-up.

5.5.7. 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 carers will be involved in best interest's 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 in line with the Trust's Confidentiality Policy **WAHT- IG - 001**.

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

If the patient place of residence is a residential care home, nursing home or supported living it is important that information regarding their health and care needs is shared to ensure continuity.

Clinical information will be shared as appropriate by professional colleagues, i.e. therapist to therapist, etc. to ensure continuity of care.

5.9.9. FUNDING ISSUES IF ADDITIONAL SUPPORT IN HOSPITAL IS REQUIRED

The purpose of this policy is to identify how people with learning disabilities can best be supported to use the services provided by Worcestershire Acute Hospitals Trust. The policy includes advice about the type of support that might be needed by some people, but it does

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not describe in detail the procedure that should be followed in order to acquire any additional funding.

For patients requiring additional support during their hospital stay the ward should inform our Acute Learning Disability Liaison Nurses who will arrange to undertake a Risk Assessment to determine patient specific care needs. If 1:1 care is identified this will be escalated the Lead Nurse for Patient Experience to hold further discussions for funding support either by the Acute Trust, Council or Continuing Health Care teams.

6. Implementation

6.1 Plan for implementation

The policy will be shared widely across the organisation. The policy will be implemented by staff having easy access to the policy via the Intranet and all clinical departments hold information packs containing hard copies in Policy and Procedure files and supporting documentation.

Managers will implement this policy within their areas of responsibility and can be contacted by staff for advice.

6.2 Dissemination

- Trust staff will be informed of how to access the Trust Policy.
- Awareness of the Policy will be raised at the hospital management teams, intranet, Trust & local Induction training and Senior Nurse and AHP Forums
- Trust policy guide for staff will be issued to all staff at their local induction and will be included in the overview pack on all clinical areas.

6.3 Training and awareness

Learning Disability Training will be delivered to all staff at Trust Induction by the Learning Disability Acute Liaison Nurses. Training needs will be reviewed in line with National programmes.

7. Monitoring and Compliance

The WAHT Learning Disability Steering Group within their terms of reference will monitor the compliance against the policy. This will include any incidents, complaints and patient/carer feedback reported on a three-monthly basis as part of its core business.

Worcestershire Acute Hospitals Trust is interested in receiving feedback from all service users about the standard of care and services that they have received. Easy Read Friends and Family Tests are available in the Learning Disability Resource file and staff are encouraged to share this with our Learning Disability patients and their carers. The Trust also participates in the NHS Improvement LD organisational survey supported by the Lead Nurse for Patient Experience and Acute Learning Disability Liaison Nurses.

The WAHT Learning Disability Steering Group will monitor training attendance statistics and act on any decline in attendance.

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8. Policy Review

This policy will be reviewed in three years' time. Earlier review may be required in response to exceptional circumstances, organisational change or relevant changes in legislation of guidance.

9. References/ Evidence Base

The Valuing People (2001) White paper set out the Government's commitment to improving the life chances of people with learning disabilities, through close partnership working to enable people with learning disabilities to live full and active lives.

Valuing People Now (2009) (and Resource Pack) retained the principle outlined in Valuing People that people with a learning disability are people first, and re-emphasised the need for agencies to work together to achieve the best outcomes for people with learning disabilities.

Death by Indifference (2007) detailed six cases that Mencap believed demonstrated institutional discrimination towards people with learning disabilities within the NHS, leading to shortcomings in care received that ultimately resulted in the death of patients.

Healthcare for all (2008), the report of the Independent Inquiry into Death by Indifference concluded that people with learning disabilities appear to receive less effective care than they are entitled to, with evidence of a significant level of avoidable suffering and a high likelihood that deaths are occurring that could be avoided. A total of 10 recommendations were made, all of which were accepted by the Department of Health in Valuing People Now.

Mental Capacity Act (2005)

Mencap (2024)

National Autistic Society Website: www.autism.org.uk

BMA (2020)

NSPCC (2022)

Royal Surrey NHS Foundation Trust – Policy to Support People with Learning and / or Autism – Children and adults 2021

10 Background

10.1 Consultation

Key individuals involved in developing the document

Name	Designation
Dana Picken	Matron for Children & Young People

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Emma Mackey	LD Acute Liaison Nurse
Donna Kruckow	Lead Nurse for Older People
Allan Bailey	Associate Director of Risk and Governance
Jack Caine	LD & Autism Lead for HAWT

Circulated to the following committee's/groups for comments

Name	Committee/group
Julie Webber	WAHT Internal Learning Disabilities Steering Group
Sarah Shingler CNO	Quality Governance Committee
Amrat Mahal	Confirm divisional meeting ??

This policy is closely aligned with the following documents and can be cross referenced against other Trust documents such as Policy for:

- Consent to examination and treatment WAHT-CG-075
- Safeguarding Children Policy and Procedures.
- Children's Act 1989
- Deprivation of liberties policy
- Mental capacity act summary and guidance for staff 2005, updated 2009. Worcestershire statutory and non-statutory organisations Worcestershire wide document
- Safeguarding policy for Adults
- Carers Policy

10.2 Approval process

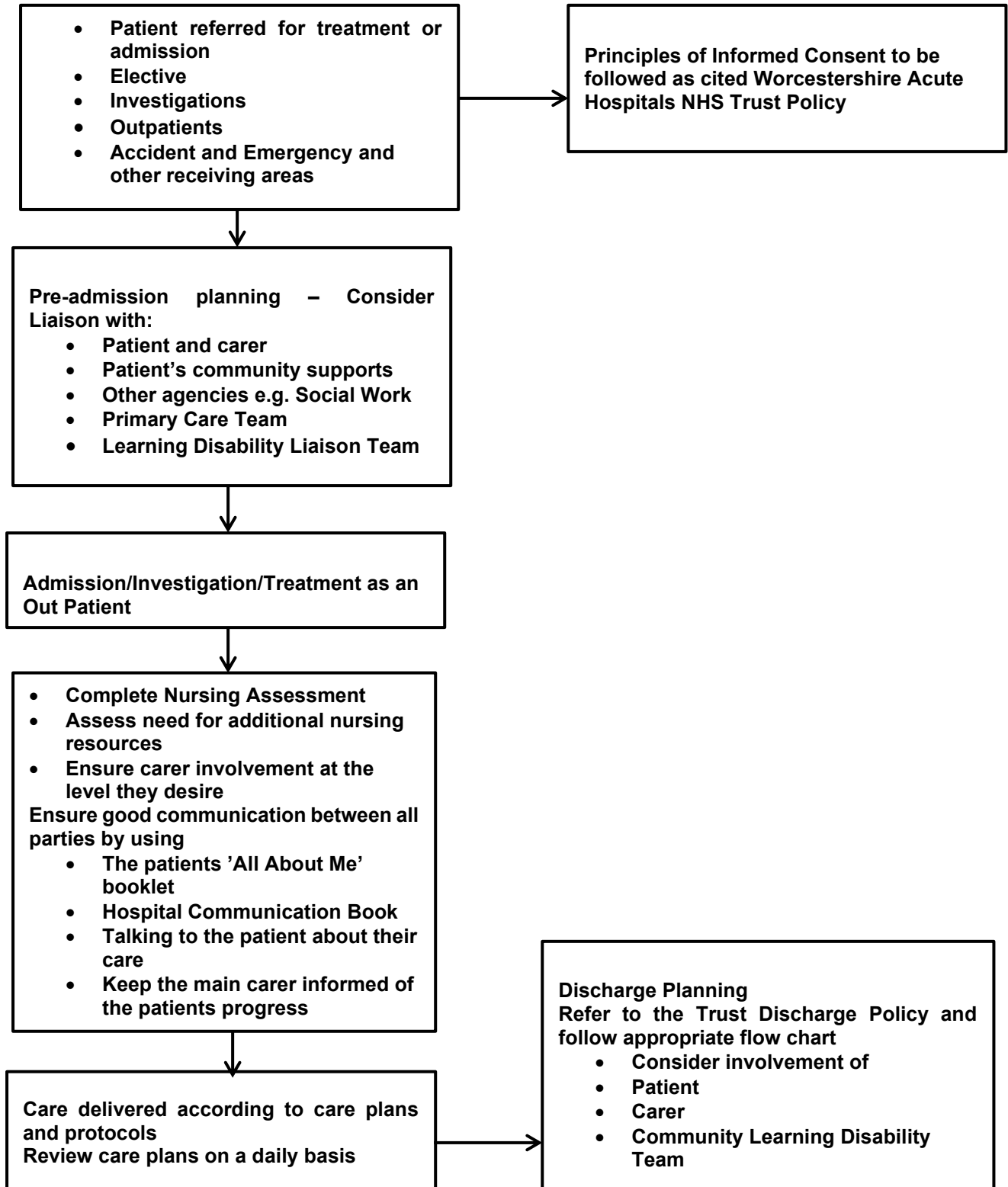
This Policy is discussed at the Trust Clinical management Committee for approval.

10.3 Equality Requirements

The Trust recognises the diversity of the local community and those in its employment. Our aim is, therefore, to provide a safe environment free from discrimination and a place where all individuals are treated fairly, with dignity and appropriately to their need. The Trust recognises that equality impacts on all aspects of its day-to-day operations.

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Appendix 1: Care of a Patient with Learning Disabilities at WAHT Core Principles:



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Appendix 2 – Hospital Passport

- Website: www.autism.org.uk


This is my hospital passport

For people with a learning disability coming into hospital

My name is:


If I have to go to hospital this book needs to go with me, it gives hospital staff important information about me.

It needs to hang on the end of my bed and a copy should be put in my notes.



This passport belongs to me. Please return it when I am discharged.

All staff please look at my passport before you do any interventions with me.



Things you must know about me

Things that are important to me

My likes and dislikes

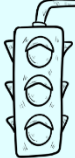
Remember: EVERY adult has the right to make his or her own decisions and you MUST assume I have capacity to make them unless YOU prove otherwise.

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Children & Young Person’s Hospital Passport: full document available via Key Documents <http://whitsweb/KeyDocs/>











How to use my passport



My passport provides all the information you need to know about me and my additional need.

It will give everyone caring for me important and up to date information and each section is colour coded, which shows important information, information that is important to me and my likes and dislikes.

It is important that this information is kept up to date to ensure I get the best care possible.

	Red indicates important information that you must know about me	
	Amber indicates things that are important to me	
	Green indicates my likes and dislikes	
	Blue indicates any speech and language involvement	

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Appendix 3: Supporting people with a learning disability and autistic people

The following key points should be addressed when assessing and treating a patient with a learning disability or autistic person:

- **Be aware of diagnostic overshadowing:** This occurs when the symptoms arising from physical or mental ill health are misattributed to a person's learning disability or autism leading to delayed diagnosis or treatment. People with a learning disability and autistic people have the same illnesses as everyone else, but the way that they respond to or communicate their symptoms may be different and not obvious.
- **Pay attention to healthcare passports:** Some people with a learning disability and some autistic people have a healthcare passport giving information about the person and their health needs, preferred method of communication and other preferences. Ask the person or their accompanying carer if they have one of these.
- **Ensure that clinical decisions around care and access to treatment are made on an individual basis:** People should not have a DNACPR (do not attempt cardiopulmonary resuscitation) recorded on their clinical record simply because they have a learning disability or are autistic. Every person has individual needs and preferences which must be taken account of, and they should always have high quality standards of care. It is also important not to make generalised judgements or assumptions about people's vulnerability or frailty based on their dependence on others for support in daily living.
- **Listen to parents and carers:** Families and carers have a wealth of information about the individual and how their health has been, including any comorbidities and the medication that the person is taking. Listen to them as well as the person you are caring for. They know the person well and how to look after them when they are not in hospital. They also know how the person's current behaviour may differ from usual, as an indication that they are unwell. The family or carer may have short videos of the person to give you an idea of their usual self. Remember that the carer they come into hospital with may not be their usual carer at this unusual time. You may wish to talk to their usual carer as soon as is practicable.
- **Make reasonable adjustments:** It is a legal requirement to make reasonable adjustments to care for people with a disability under the Equality Act (2010). Getting the reasonable adjustments right is important to help you make the correct diagnostic and treatment decisions for an individual. You can ask the person and their carer or family member what reasonable adjustments should be made. Adjustments aim to remove barriers, do things in a different way, or to provide something additional **to enable a person to receive the assessment and treatment they need**. Possible examples include allocating a clinician by gender, taking blood samples by thumb prick rather than needle, providing a quiet space to see the patient away from excess noise and activity.
- **Communication:** Communicate with and try to understand the person you are caring for. Check with the person themselves, their family member or carer or in their hospital or communication passport for the best way to achieve this. Use simple, clear language, avoiding medical terms and 'jargon' wherever possible. Some people may be non-verbal and unable to tell you how they feel. Pictures may be a useful way of communicating with some people, but not all.

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- Understanding behavioural responses to illness, pain and discomfort:** A person with a learning disability and some autistic people may not be able to articulate their response to pain in the expected way: for example, they may say that they have a pain in their stomach when the pain is not there; may say the pain is less acute than you would anticipate; or not say they are in pain when they are. Some may feel pain in a different way or respond to it differently: for example, by displaying challenging behaviour; laughing or crying; trying to hurt themselves; or equally may become withdrawn or quiet. People who use a wheelchair may have chronic pain. Understanding what is 'normal' for that person by talking to them, their family and carers, is crucial to helping with assessment and diagnosis. You can use pictures to help establish whether a person is in pain and where that pain is.
- Mental Capacity Act:** People with a learning disability and autistic people should be assumed to have capacity in line with the principles of the Mental Capacity Act. Assess their capacity to make a decision about their treatment or care in line with the person's communication abilities and needs and follow the principle of the Mental Capacity Act in making appropriate efforts and adjustment to enable decision making wherever possible. Remember that capacity is time and decision-specific. Refer to the MCA Code of Practice for guidance.
- Ask for specialist support and advice if necessary:** Your hospital learning disability team or liaison nurse can help you with issues of communication, reasonable adjustments, and assessment of pain. You may also want to make contact with your local community learning disability team if your Trust does not have a learning disability liaison nurse.
- Training on how to support people with a learning disability and autistic people:** The Oliver McGowan Mandatory Training on Learning Disability and Autism is the government's preferred and recommended training for health and social care staff. Access the e:learning on: [The Oliver McGowan Mandatory Training on Learning Disability and Autism](#).
- Mental wellbeing and emotional distress:** It is estimated that 40% of people with a learning disability experience mental health problems ([Mental health problems in people with learning disabilities: prevention, assessment and management](#)) and research suggests autistic people may be more likely to experience depression than non-autistic people ([Depression \(autism.org.uk\)](#)). Change in routine can have a big effect on people's emotional and mental wellbeing. A hospital setting may make people with a learning disability and autistic people more anxious or lead to adverse behaviours, such as hurting other people, hurting themselves or damaging property. Do not assume that this is an indication of mental illness and do your best to work with the person who is unwell, their carer or family member to find out how best to keep them calm and relaxed.

Ref: [\(NHS England » Clinical guide for front line staff to support the management of patients with a learning disability and autistic people – relevant to all clinical specialties](#)

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Appendix 4 : How to contact the Learning Disability Team at WAHT

The team is based at Worcestershire Royal Hospital and the Alexandra Hospital in Redditch and offers cover to Kidderminster Treatment Centre, thus providing cover Monday-Friday (Office Hours) for the whole of the Worcestershire Acute Hospitals NHS Trust. A Learning Disability Acute Liaison Nurse can be contacted during this time:

- Emma Mackey – Learning Disability Acute Liaison Nurse – e.mackey@nhs.net
Mobile 07719419688
- Sam Jauncey - Learning Disability Acute Liaison Nurse –
samantha.jauncey@nhs.net Mobile 07759140733

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Supporting Document 1 Equality Impact Assessment Tool

Equality and Health Inequalities Impact Assessment (EHIA) Tool

Herefordshire & Worcestershire STP - Equality and Health Inequalities Impact Assessment (HEIA) Form

Please read HEIA guidelines when completing this form

Section 1 - Name of Organisation (please tick)

Herefordshire & Worcestershire STP	<input type="checkbox"/>	Herefordshire Council	<input type="checkbox"/>
Worcestershire Acute Hospitals NHS Trust	<input checked="" type="checkbox"/>	Worcestershire County Council	<input type="checkbox"/>
Worcestershire Health and Care NHS Trust	<input type="checkbox"/>	Wye Valley NHS Trust	<input type="checkbox"/>
Other (please state)	<input type="checkbox"/>		<input type="checkbox"/>

Name of Lead for Activity	Julie Webber
----------------------------------	--------------

Details of individuals completing this assessment	Name	Job title	e-mail contact
	Julie Webber	Lead Nurse for Patient Experience	Julie.webber6@nhs.net
Date assessment completed			

Section 2

Activity being assessed (e.g. policy/procedure, document, service redesign, policy, strategy etc.)	Title: Policy for Supporting Adults & Children with Learning Disabilities & Autism when accessing Acute Hospital Services		
What is the aim, purpose and/or intended outcomes of this Activity?	The main objective of this policy is to ensure that people with learning disabilities are able to access high quality health care when attending Worcestershire Acute Hospitals NHS Trust		
Who will be affected by the development & implementation of this activity?	<input checked="" type="checkbox"/> Service User <input checked="" type="checkbox"/> Patient <input checked="" type="checkbox"/> Carers <input checked="" type="checkbox"/> Visitors	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Staff Communities Other _____
Is this:	<input type="checkbox"/> Review of an existing activity		
What information and evidence have you reviewed to help inform this assessment? (Please name sources, eg demographic information for patients / services / staff groups affected, complaints etc.)			
Summary of engagement or consultation undertaken (e.g. who			

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and how have you engaged with, or why do you believe this is not required)	
Summary of relevant findings	

Section 3

Please consider the potential impact of this activity (during development & implementation) on each of the equality groups outlined below. **Please tick one or more impact box below for each Equality Group and explain your rationale.** Please note it is possible for the potential impact to be both positive and negative within the same equality group and this should be recorded. Remember to consider the impact on e.g. staff, public, patients, carers etc. in these equality groups.

Equality Group	Potential <u>positive</u> impact	Potential <u>neutral</u> impact	Potential <u>negative</u> impact	Please explain your reasons for any potential positive, neutral or negative impact identified
Age				
Disability				
Gender Reassignment				
Marriage & Civil Partnerships				
Pregnancy & Maternity				
Race including Traveling Communities				
Religion & Belief				
Sex				
Sexual Orientation				
Other Vulnerable				

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and Disadvantaged Groups (e.g. carers; care leavers; homeless; Social/Economic deprivation, travelling communities etc.)				
Health Inequalities (any preventable, unfair & unjust differences in health status between groups, populations or individuals that arise from the unequal distribution of social, environmental & economic conditions within societies)				

Section 4

What actions will you take to mitigate any potential negative impacts?	Risk identified	Actions required to reduce / eliminate negative impact	Who will lead on the action?	Timeframe
How will you monitor these actions?				
When will you review this HEIA? (e.g in a service redesign, this HEIA should be revisited regularly throughout the design & implementation)				

Section 5 - Please read and agree to the following Equality Statement

1. Equality Statement

1.1. All public bodies have a statutory duty under the Equality Act 2010 to set out arrangements to assess and consult on how their policies and functions impact on the 9 protected characteristics: Age; Disability; Gender Reassignment; Marriage & Civil Partnership; Pregnancy & Maternity; Race; Religion & Belief; Sex; Sexual Orientation

1.2. Our Organisations will challenge discrimination, promote equality, respect human rights, and aims to design and implement services, policies and measures that meet the

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diverse needs of our service, and population, ensuring that none are placed at a disadvantage over others.

1.3. All staff are expected to deliver services and provide services and care in a manner which respects the individuality of service users, patients, carer's etc, and as such treat them and members of the workforce respectfully, paying due regard to the 9 protected characteristics.

Signature of person completing HEIA	Julie Webber
Date signed	31.03.2026
Comments:	
Signature of person the Leader Person for this activity	
Date signed	
Comments:	



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Supporting Document 2

Financial Risk Assessment

To be completed by the key document author and attached to key document when submitted to the appropriate committee for consideration and approval.

	Title of Document:	Yes	/	No
1.	Does the implementation of this document require any additional Capital resources	No		
2.	Does the implementation of this document require additional revenue	No		
3.	Does the implementation of this document require additional manpower	No		
4.	Does the implementation of this document release any manpower costs through a change in practice	No		
5.	Are there additional staff training costs associated with implementing this document which cannot be delivered through current training programmes or allocated training times for staff	No		
	Other comments:			

If the response to any of the above is yes, please complete a business case and which is signed by your Finance Manager and Directorate Manager for consideration before progressing to the relevant committee for approval