

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

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Approved by:	Clinical Governance Group 2 nd August 2022 Trust Management Executive
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This is the most current document and should be used until a revised version is in place	
Target Organisation(s)	Worcestershire Acute Hospitals NHS Trust
Target Departments	All clinical staff
Target staff categories	Adult patients, and staff the policy states over 18 yrs. of age i.e. adults

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
Nov 2017	Document extended whilst under review	TLG
March 2018	Document extended for 3 months as approved by TLG	TLG
June 2018	Document extended for 3 months as approved by TLG	TLG
April 2019	Document extended for 6 months whilst Patient Experience reviews and changes to funding process agreed	Rachel Sproston
Dec 2019	Document extended for 6 months whilst Patient Experience reviews and changes to funding process agreed	Anna Sterckx

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	Nicola Rai/ LDALN

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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. For information regarding children please refer to Policy for Consent to Examination and Treatment WAHT-CG-075, Safeguarding Children policies and procedures and The Children’s Act 1989

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.

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.

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, 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

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liaise with him/her and or his/her carer to identify individual health requirements and make reasonable adjustments where possible. 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.

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.

Learning Disability Champions – staff within ward areas in varying roles and grades who are passionate about making a difference to Learning Disability patients – this team of staff work closely and are upskilled by our Learning Disability Acute Liaison Nurses in supporting clinical staff to meet reasonable adjustments for our patients.

Carers/ Family Role

Some patient 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.

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.

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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.

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.

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.

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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

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 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.

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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 patients 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.
- Hospital passports and/or patient's individual needs/ reasonable adjustments have been considered and implemented as much as possible

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- 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 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

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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.

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 disabilities 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)

10 Background

10.1 Consultation

Key individuals involved in developing the document

Name	Designation
Ross Golightly	LD Acute Liaison Nurse
Sam Jauncey	LD Acute Liaison Nurse
Emma Mackey	LD Acute Liaison Nurse
Nikki Rai	Lead Nurse for Patient Experience
Donna Kruckow	Lead Nurse for Older People

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Allan Bailey	Associate Director of Risk and Governance
Michelle Billings	LD Manager - Community

Circulated to the following committee's/groups for comments

Name	Committee/group
Chair	

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

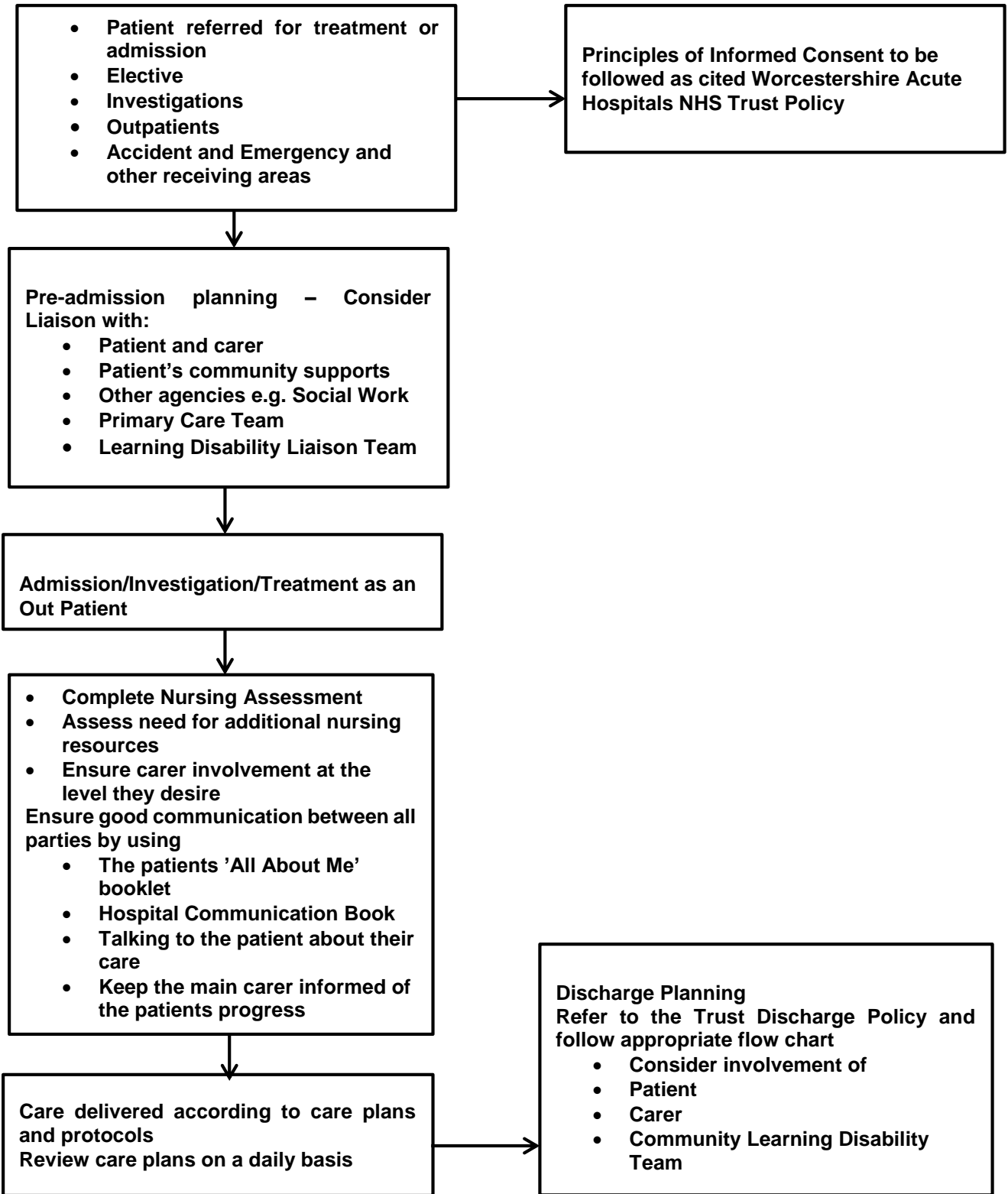
10.2 Approval process

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.

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



Appendix 2 – Hospital Passport

NHS

This is my hospital passport

For people with a learning disability coming into hospital

My name is:

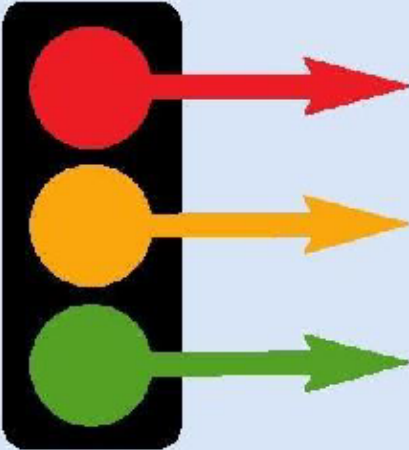
If I have to go to hospital this book needs to go with me, it gives hospital staff important information about me.

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.

Appendix 3 : 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
- Ross Golightly - Learning Disability Acute Liaison Nurse – ross.golightly@nhs.net
Mobile 07864606331 / bleep 150

Supporting Document 1 Equality Impact Assessment Tool

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

		Yes/No	Comments
1.	Does the policy/guidance affect one group less or more favourably than another on the basis of:		
	• Race	No	
	• Ethnic origins (including gypsies and travellers)	No	
	• Nationality	No	
	• Gender	No	
	• Culture	No	
	• Religion or belief	No	
	• Sexual orientation including lesbian, gay and bisexual people	No	
	• Age	No	
2.	Is there any evidence that some groups are affected differently?	No	
3.	If you have identified potential discrimination, are any exceptions valid, legal and/or justifiable?	No	
4.	Is the impact of the policy/guidance likely to be negative?	No	
5.	If so can the impact be avoided?	No	
6.	What alternatives are there to achieving the policy/guidance without the impact?	No	
7.	Can we reduce the impact by taking different action?	No	

If you have identified a potential discriminatory impact of this key document, please refer it to Assistant Manager of Human Resources, together with any suggestions as to the action required to avoid/reduce this impact.

For advice in respect of answering the above questions, please contact Assistant Manager of Human Resources.

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