East Sussex Healthcare
NHS Trust

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FOI REF: 22/422

17th August 2022

FREEDOM OF INFORMATION ACT

I am responding to your request for information under the Freedom of Information Act. The answers to your specific questions are as follows:

Having spoken to the specialist disability team I have been advised that I need to contact yourselves under the freedom of information act to request the trusts policies on dealing with patients with autism and severe learning difficulties.

I am interested on the trusts policies both at the DGH and Conquest if different covering ambulance services A & E and when admitted to wards.

Please see attached, East Sussex Healthcare NHS Trust's 'Care of Surgical Patients (Adults and Children) with Learning Disabilities and/or a Dementia Clinical Guideline' and 'Guidance for In-patient Care Assessment and Provision of Reasonable Adjustments for Patients with a Learning Disability'.

Please note that the Trust does not hold policies covering the ambulance service. This information can be obtained from South East Coast Ambulance Service NHS (SECAmb) via the following email address:

foi@secamb.nhs.uk

If I can be of any further assistance, please do not hesitate to contact me.

Should you be dissatisfied with the Trust's response to your request, you have the right to request an internal review. Please write to the Freedom of Information Department (esh-tr.foi@nhs.net), quoting the above reference, within 40 working days. The Trust is not obliged to accept an internal review after this date.

Cont…/

Should you still be dissatisfied with your FOI request, you have the right of complaint to the Information Commissioner at the following address:

The Information Commissioner's Office
Wycliffe House
Water Lane
Wilmslow
Cheshire SK9 5AF

Telephone: 0303 123 1113

Yours sincerely

Linda Thornhill (Mrs)
Corporate Governance Manager
esh-tr.foi@nhs.net

East Sussex Healthcare NHS Trust

Care of Surgical Patients (Adults and Children) with Learning Disabilities and/or a Dementia Clinical Guideline

Document ID Number	1438
Version:	V3
Ratified by:	DAS
Date ratified:	17 January 2022
Name of author and title:	Dr T A King, Consultant Anaesthetist Acute Liaison Nurse, Learning Disabilities Learning Disability and Autism Liaison and Health Facilitation Nurse Dementia Care & Clinical Lead
Date originally written:	December 2013
Date current version was completed	December 2021
Name of responsible committee/individual:	Dr T A King, Consultant Anaesthetist Acute Liaison Nurse, Learning Disabilities Learning Disability and Autism Liaison and Health Facilitation Nurse Dementia Care & Clinical Lead
Division/Speciality:	Anaesthetics, Learning Disability Liaison and Dementia Care
Date issued:	21 January 2022
Review date:	December 2024
Target audience:	Booking Office, Outpatient, Ward, Theatre, Day Surgery Staff, and dental staff

Compliance with CQC Fundamental Standard	Person-centred care Dignity and respect Consent Safety Safeguarding from abuse Good Governance Staffing Fit and proper staff Duty of candour
Compliance with any other external requirements (e.g. Information Governance)	Mental Capacity Act 2005 Equality Act 2010 Deprivation of Liberty Safeguarding 2009
Associated Documents:	Learning Disability Policy Generic Surgical Pathway Policy for the Introduction and Use of Special Observations with Adult Patients Physical Intervention policy Mental Capacity Act 2005 Equality Act 2010

Did you print this yourself?
Please be advised the Trust discourages retention of hard copies of the procedural document and can only guarantee that the procedural document on the Trust website is the most up to date version

Version Control Table

Version number and issue number	Date	Author	Reason for Change	Description of Changes Made
V1.0 2014047	March 2014	Dr T A King &	New document	
	March 2015	Dr T A King	Addition	To include people with a dementia
V2.0	August 2018		Review	Addition of legislative Acts related to this area of practice. Updated contemporary references.
V3.0	December 2021	Dr T A King,	Review	Reference to National Institute for Health and Care Excellence (NICE). Challenging behaviour and learning disabilities: prevention and interventions for people with learning disabilities whose behaviour challenges. Full wording prior to abbreviation for Day Surgery Unit. Name changes on Document Monitoring Table Name changes and contact details

Consultation Table

This document has been developed in consultation with the groups and/or individuals in this table:

Name of Individual or group	Title	Date
Dr T A King	Consultant Anaesthetist	December 2013
	Acute Liaison Nurse, Learning Disabilities	December 2013
All Consultant Anaesthetists		December 2013
All Consultant Surgeons		December 2013
All Nursing Divisions		December 2013
Director of Nursing		December 2013
	Dementia Care Pathway Lead	March 2015
	Acute Liaison Nurse, Learning Disabilities	December 2021
	Learning Disability and Autism Liaison and Health Facilitation Nurse	December 2021
	Dementia Care & Clinical Lead	December 2021
DAS Governance Group		January 2022

This information may be made available in alternative languages and formats, such as large print, upon request. Please contact the document author to discuss.

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1. Introduction

There is wide recognition of the difficult issues faced by patients with a learning disability and/or dementia accessing acute hospital services. This includes for example premature and avoidable death, diagnostic overshadowing, atypical presentations and lack of understanding regarding the provision of reasonable adjustments. (CIPOLD 2013)

Induction of anaesthesia (inhalation or intravenous) ideally requires patient consent and co-operation. Problems may occur when patients with learning disabilities and/or dementia (who lack capacity to consent) refuse or are unable to co-operate at the time of induction. In some circumstances, physical intervention may form (as a last resort) (Mental Capacity Act (MCA) 2005/Deprivation of Liberty (DoLs) safeguarding 2009) part of a wider management plan to safely achieve induction of anaesthesia. Similarly, in the early post-operative period, physical intervention may be required (as a last resort) (MCA 2005/DoLs 2009) in order to achieve a safe recovery. These guidance notes are provided to help staff plan appropriate and safe care for patients with a learning disability and / or dementia.

2. Purpose

The purpose of this guidance is to provide the process required to support a surgical admission of a patient with a learning disability and /or dementia.

2.1 Rationale

To provide guidance on the process required to support the surgical admission of patients with a learning disability and /or dementia including the provision of person-centred reasonable adjustments.

To provide guidance on the use of physical intervention (as a last resort) for adults and older children (who cannot be easily held by parents on their lap) during induction of anaesthesia and during recovery. A Trust wide policy on the wider application of physical intervention outside of Theatres in this group of patients is available.

2.2 Principles

All patients with a learning disability and / or dementia are entitled to be supported within the acute setting in a way that meets their individual needs and recognises reasonable adjustments related to those needs.

2.3 Scope

All staff with direct contact with patients with a learning disability, and/or dementia

In the context of this guidance, physical intervention can be used as a last resort to assist a patient with the induction of anaesthetic and/or to ensure the safety of the individual/staff members by minimising the potential of harm caused by physically aggressive or self-injurious behaviours.

3. Definitions

Physical Intervention

For the purpose of these guidance notes physical intervention is defined as “the use or threat of force to help do an act which the person resists, or the restriction of the person’s liberty of movement, whether or not they resist” (MCA 2005/DoLs 2009).

Therefore, the term physical intervention is used to describe any act which restricts an individual’s free range of movement by force.

4. Accountabilities and Responsibilities

Each staff member is both and accountable and responsible to their individual professional body as well as to their relevant line management structure within ESHT.

5. Process

5.1. Generic Pathway for Elective Patients with a Learning Disability (adults and children) and/or dementia

1. The GP letter should identify that the patient has a learning disability and/or dementia. The patient will also be identified as having a learning disability on PAS OASIS and e-searcher.

2. The Acute Liaison Nurses, Learning Disabilities, receives emails on a daily basis which flag patients who have a learning disability.

   Outpatient staff should contact patients and carers prior to attendance in the Outpatient Department in order to assess need for reasonable adjustments e.g., time of appointment, and to request completion of a care passport which should be brought with the patient. If a patient does not have a care passport, the Outpatient Department will issue, for completion, prior to the outpatient appointment / issue at the outpatient appoint to facilitate further contacts.

3. In the Outpatient Department, a decision will be made by an experienced clinician on whether the patient requires either admission or referral for specific investigations. The waiting list card should be annotated to identify that the patient has a learning disability and/or dementia, and the order of the patient on the operating list (usually first). Referral for pre-assessment should follow and be made by nursing staff (Appendix A), patient pre-assessment for dental and elective surgery, and supporting documentation should be used to identify additional learning disability and/or dementia care related needs. The pre-assessment nurse should liaise with the booking's office.

   It should be noted that patients with learning disabilities and/or dementia may not be able to tolerate waiting for lengthy periods of time or being in a crowded environment. Reasonable adjustments should be made, e.g., first or last appointment of the day and longer appointment times. For complex cases please refer to the Acute Liaison Nurses, Learning Disabilities, or the Dementia Care Lead, e.g., MCA, behavioural needs and reasonable adjustments.

   If identified as complex case, the Acute Liaison Nurses, Learning Disabilities or the Dementia Care Lead will convene a multidisciplinary planning meeting to be attended by senior clinicians and nurses and other staff involved in the care process.

   On admission, follow plans for reasonable adjustments as required.

5.2. Generic Pathway for the Emergency Admission of Patients with a Learning Disability (adults and children) and/or Dementia

PLEASE NOTE

An emergency admission may be more difficult to manage as prior planning will not have been undertaken.

1. Early identification by staff and doctors that the patient has a learning disability and/or a dementia with complex needs.

2. Inform the Consultant in charge and the Acute Liaison Nurses, Learning Disability, or the Dementia care Lead at the earliest appropriate time.

3. The most senior nurse on the ward should be involved in the assessment and decision on reasonable adjustments.

4. If emergency surgery is required, the Consultant Surgeon and Anaesthetist on call should be informed.

5.3. Supporting Information for the Admission of Patients with Learning Disabilities and/or Dementia

Flow chart provides routes of referral and contacts to be made (Appendix B)

1. A complete pre-assessment of the patient with a learning disability and/or dementia should be undertaken (Appendix A) questionnaire, the patient pre-assessment for dental and elective surgery, must be completed to identify reasonable adjustments and legal requirements.

2. The majority of patients with a learning disability and/or dementia will not require complex/difficult adjustments to be made.

3. For patients with complex needs, e.g. MCA, behavioural needs, a multi-disciplinary team planning meeting should be convened beforehand and involve all key staff as follows:

- Learning Disability Nurses or Dementia Care Lead
- Consultant Anaesthetist
- Consultant Surgeon
- Pre-assessment Matron
- Theatre or Day Surgery Matron
- Representative from Post Anaesthesia Care Unit (PACU)
- Ward staff
- Carers/family
- Community learning disability team if appropriate
- The patient if appropriate

Follow standard planning meeting agenda (Appendix A) for identifying reasonable adjustments in the treatment pathway.

4. Contingency planning needs to be part of the multidisciplinary team planning meeting to take into account unpredicted behaviour/events. Contingency planning should consider the following areas:

- Change to premedication, type and route.
- Induction of anaesthesia e.g. inhalation induction, IV induction, IM Ketamine.
- Physical intervention; see guidance for the use of physical intervention in patients with a learning disability undergoing general anaesthesia in the Day Surgery Unit.
- Despite comprehensive planning it may be necessary to abandon the procedure in the patient's best interest and re-plan for a further admission.
- Debriefing at the end of the procedure is valuable for reflective practice especially in complex and difficult cases.

5.4. Guidance for the use of physical intervention in patients with a learning disability and/or dementia undergoing general anaesthesia in the Day Surgery Unit

5.4.1. Legal Framework

The patient's capacity to consent to the use of physical intervention must be undertaken and documented. If the patient does not have the capacity to consent 'best interest' decision making must occur as stipulated by the MCA (2005).

The need to utilise physical intervention must be underpinned by a documented risk assessment which will inform the subsequent care plan (see Trust documentation for MCA/DoLs).

The principle of 'least restrictive physical intervention' and minimum use of force for the shortest period of time necessary to achieve the immediate objective (wellbeing or safety of patient/staff) is reflected in law (MCA 2005). The use of any physical intervention must be proportionate to the risk/degree of harm (Harris et al 2008).

5.4.2. Procedure

1. All patients with learning disabilities and/or dementia will have a preoperative assessment of their behaviour and ability to co-operate at induction. Information from carers/family will be essential.

2. Ascertain if the patient is currently supported by the use of physical intervention in their residential/supported living setting and under what conditions this occurs. Details of this will provide a better understanding of behaviour patterns, triggers and early warning signs to behaviour that may require physical intervention.

3. Contact the Acute Liaison Nurses Learning Disabilities or Dementia Care Team for advice/input. If the patient has a history of presenting with behaviours that require the support of physical intervention they will usually be known to the local community learning disability team/ challenging needs service/ dementia care team as useful information can be obtained from these sources.

4. If it is believed that physical intervention (as a last resort) may be required, a mental capacity assessment must be undertaken. Where a patient does not have the capacity to consent, a multi-disciplinary (including family/carers) meeting must be convened and documented to ensure 'best interest' consultation and decision making occurs as per the Mental Capacity Act (MCA 2005) requirements.

5. If it is agreed that the use of physical intervention may be required in the patient's best interest and as a last resort (MCA 2005) a risk assessment will be undertaken and care plan formulated.

6. The care plan will include:

    - Outline of procedure / reason for admission to Day Surgery Unit (DSU).
    - Reason physical intervention may be used
    - Identification of proactive, active and reactive intervention strategies utilised to minimise the likelihood of physical intervention occurring, eg:
    - Proactive strategies – pre-admission visits, desensitisation work, provision of easy read accessible information, accompaniment by familiar staff and during induction as well as upon recovery, consideration of premedication / topical anaesthetic creams

- Active strategies – use of calming techniques (what helps, what hinders), diversion techniques, use of additional sedation if required
- Reactive strategies – application of physical intervention

If a practice shift from restraint into a Deprivation of Liberty is necessary the required Department of Health paper work must be utilised as per due legal process.

7. If possible ascertain what experience the patient has had with previous admissions to hospital. This may be helpful in informing the decision-making process/care plan formulation.

8. Any planned physical intervention must be relevant, reasonable, proportionate, and justifiable in the circumstances, utilise the minimum amount of force necessary for the shortest period of time and be in the patient's best interest.

9. Any staff involved in physical intervention must be trained appropriately (e.g., British Institute of Learning Disabilities accredited course). Training must be updated at appropriate intervals of time. Staff attending from the patient's home should also be trained.

10. Full team briefing beforehand. It is essential to have an experienced team who are familiar with this type of work.

11. Prior to the execution of a physical intervention a staff 'lead' will be identified to manage the situation and any required instruction.

12. Consideration must always be given to the health and safety of the patient. During the application of any physical intervention continuous risk assessment of the patient's physical and mental wellbeing should occur. Staff members will be aware of the risks associated with positional asphyxia and consider abandoning the technique as may be required.

13. If the degree of physical intervention is escalating, and it is believed that it may no longer assist in ensuring safety, consider backing off and abandoning the procedure. The situation will need to be reassessed prior to any future readmission. A different approach to the problem will be considered and planned. Safety for staff and patient is a priority.

14. Debrief team and carers/family post procedure.

15. Document what physical intervention was required in the patient's notes.

6. Evidence Base/References

Norah Fry Research Centre (2013) Confidential Inquiry into the premature deaths of people with learning disabilities (CIPOLD)

Harris J, Cornick M, Jefferson A, Mills R (2008) Physical Interventions: A policy framework. Kidderminster: BILD

Mental Capacity Act (2005)/Deprivation of Liberty Safeguards (2009) London: The Stationery Office

National Institute for Health and Care Excellence (NICE). Challenging behaviour and learning disabilities: prevention and interventions for people with learning disabilities whose behaviour challenges. 29 May 2015. https://www.nice.org.uk/guidance/ng11/resources/challenging-behaviour-and-learning-disabilities-prevention-and-interventions-for-people-with-learning-disabilities-whose-behaviour-challenges-1837266392005

7. Competencies and Training Requirements

Staff members engaging in the use of physical intervention must be in receipt of training through an appropriately accredited body. This includes the provision annual re-fresher training.

8. Monitoring Arrangements

Please see Document Monitoring Table below

Document Monitoring Table

Element to be Monitored	Lead	Tool for Monitoring	Frequency	Responsible Individual/Group/ Committee for review of results/report	Responsible individual/ group/ committee for acting on recommendations/action plan	Responsible individual/group/ committee for ensuring action plan/lessons learnt are Implemented
Use of physical interventions	Dr T A King, Consultant Anaesthetist Learning Disability Liaison Nurse Learning Disability and Autism Liaison and Health Facilitation Nurse Dementia Care & Clinical Lead	Planning meetings, audits, Datix incident reporting, complaints and SAAR	As and when required; minimum monthly, maximum weekly	As relevant; Dr T A King All Consultant Anaesthetists All Consultant Surgeons All Nursing Divisions Director of Nursing	As relevant; Dr T A King All Consultant Anaesthetists All Consultant Surgeons All Nursing Divisions Director of Nursing	As relevant; Dr T A King All Consultant Anaesthetists All Consultant Surgeons All Nursing Divisions Director of Nursing

9. Equality and Human Rights Statement

The document has been analysed for its impacts on promoting the health and wellbeing of diverse patients, carers and staff and on their rights. Provision of care informed by the guidance in this document ensures equal access to health care through the provision of person centred reasonable adjustments. No negative impacts have been found for any group

Appendix A – EIA Form

East Sussex Healthcare NHS Trust

Equality Impact Assessment Form

1. Cover Sheet

Please refer to the accompanying guidance document when completing this form.

Strategy, policy or service name	Clinical Guideline for the Care of Surgical Patients (Adults and Children) with Learning Disabilities and/or a Dementia
Date of completion	23.12.2021
Name of the person(s) completing this form	
Brief description of the aims of the Strategy/ Policy/ Service	The purpose of this guidance is to provide the process required to support a surgical admission of a patient with a learning disability and /or dementia.
Which Department owns the strategy/ policy/ function	Anaesthetics, Learning Disability Liaison and Dementia Care
Version number	V03
Pre Equality analysis considerations	The document has been analysed for its impacts on promoting the health and wellbeing of diverse patients, carers and staff and on their rights. Provision of care informed by the guidance in this document ensures equal access to health care through the provision of person centred reasonable adjustments. No negative impacts have been found for any group.
Who will be affected by this work? **E.g. staff, patients, service users, partner organisations etc.**	Patient Family / Carers Learning Disability Nurses or Dementia Care Lead Consultant Anaesthetist Consultant Surgeon Pre-assessment Matron Theatre or Day Surgery Matron Representative from PACU Ward staff
Review date	December 2024
If negative impacts have been identified that you need support mitigating please escalate to the appropriate leader in your directorate and contact the EDHR team for further discussion.	To whom has this been escalated? Name: Click here to enter text. Date: Click here to enter a date.
Have you sent the final copy to the EDHR Team?	Choose an item.

2. EIA Analysis

<table>
<tr><td></td><td>☺ 😐 ☹</td><td>Evidence:</td></tr>
<tr><td>Will the proposal impact the safety of patients', carers' visitors and/or staff?

Safe: Protected from abuse and avoidable harm.</td><td>☺</td><td>The proposal improves the safety of the patient and those supporting them during the procedure.</td></tr>
<tr><td>Equality Consideration
Highlight the protected characteristic impact or social economic impact (e.g. homelessness, poverty, income or education)</td><td></td><td>
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<tr><td>Gender reassignment</td><td>Marriage & Civil Partnership</td><td>Religion and faith</td><td>Maternity & Pregnancy</td><td>Social economic</td></tr>
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<tr><td>Is the proposal of change effective?

Effective: Peoples care, treatment and support achieves good outcomes, That staff are enabled to work in an inclusive environment. That the changes are made on the best available evidence for all involved with due regards across all 9 protected Characteristics</td><td>☺</td><td>The aim of the proposal it to ensure that people with a Learning Disability and / or dementia receive care, treatment and support that meets good outcomes when coming into the acute setting in particular relevance to surgical procedures.</td></tr>
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<tr><td>What impact will this have on people receiving a positive experience of care?</td><td>☺</td><td>There is wide recognition of the difficult issues faced by patients with a learning disability and/or dementia accessing acute hospital services. This includes for example premature and avoidable death, diagnostic overshadowing, atypical presentations and lack of understanding regarding the provision of reasonable adjustments. (CIPOLD 2013)

These guidance notes are provided to help staff plan appropriate and safe care for patients with a learning disability and / or dementia.</td></tr>
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<tr><td>Does the proposal impact on the responsiveness to people's needs?</td><td>☺</td><td>The proposal does not impact on the responsiveness to people’s needs. The proposal in fact improves the responsiveness to meeting people’s needs.</td></tr>
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<tr><td>What considerations have been put in place to consider the organisations approach on improving equality and diversity in the workforce and leadership?</td><td>☺</td><td>The document has been analysed for its impacts on promoting the health and wellbeing of diverse patients, carers and staff and on their rights. Provision of care informed by the guidance in this document ensures equal access to health care through the provision of person centred reasonable adjustments.</td></tr>
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<tr><td colspan="3">Access
Could the proposal impact positively or negatively on any of the following:</td></tr>
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<tr><td>• Access</td><td>☺</td><td></td></tr>
<tr><td>• Integration</td><td>☺</td><td></td></tr>
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Engagement and Involvement How have you made sure that the views of stakeholders, including people likely to face exclusion have been influential in the development of the strategy / policy / service:	☺	
Equality Consideration Highlight the protected characteristic impact or social economic impact (e.g. homelessness, poverty, income or education)		<table><tr><td>**Race**</td><td>**Gender**</td><td>**Sexual orientation**</td><td>**Age**</td><td>**Disability & carers**</td></tr><tr><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>X</td></tr><tr><td>**Gender reassignment**</td><td>**Marriage & Civil Partnership**</td><td>**Religion and faith**</td><td>**Maternity & Pregnancy**</td><td>**Social economic**</td></tr><tr><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td></tr></table>
Duty of Equality Use the space below to provide more detail where you have identified how your proposal of change will impact.	☺	

Characteristic	**Rating** ☺ ☹ 😐	**Description**
Race	Choose	
Age	Choose	
Disability and Carers	☺	The document has been analysed for its impacts on promoting the health and wellbeing of diverse patients, carers and staff and on their rights. Provision of care informed by the guidance in this document ensures equal access to health care through the provision of person centred reasonable adjustments
Religion or belief	Choose	
Sex	Choose	
Sexual orientation	Choose	
Gender re-assignment	Choose	
Pregnancy and maternity	Choose	
Marriage and civil partnership	Choose	

Human Rights

Please look at the table below to consider if your proposal of change may potentially conflict with the Human Right Act 1998

Articles		Y/N
A2	Right to life	**N**
A3	Prohibition of torture, inhuman or degrading treatment	**N**
A4	Prohibition of slavery and forced labour	**N**
A5	Right to liberty and security	**N**
A6 &7	Rights to a fair trial; and no punishment without law	**N**
A8	Right to respect for private and family life, home and correspondence	**N**
A9	Freedom of thought, conscience and religion	**N**
A10	Freedom of expression	**N**
A11	Freedom of assembly and association	**N**
A12	Right to marry and found a family	**N**
Protocols		
P1.A1	Protection of property	**N**
P1.A2	Right to education	**N**
P1.A3	Right to free elections	**N**

Guidance for In-patient Care Assessment and Provision of Reasonable Adjustments for Patients with a Learning Disability

Introduction

The health needs of patients with learning disabilities are frequently complex and as such may require additional assessment and provision of reasonable adjustments (as per the Equality Act 2010). This document provides information on how to assess the needs of a patient with a learning disability. Any identified needs will form the basis of making reasonable adjustments for in-patient care.

Pre-assessment

Thorough assessment will inform the reasonable adjustments that need to be made. Please use the patient's 'This is Me Care Passport' or Disability Distress Assessment Tool (DISDAT) and information from family or carers.

Conclusion

Following assessment, you should be able to draw a conclusion as to the type of care/reasonable adjustments required. There are two areas you need to consider:

1. Level of nursing/family/carer support (this may vary at different times).
2. Specific reasonable adjustments required. (see Caring for Patients with a Learning Disability: Assessment and Provision of Reasonable Adjustments).

If there are problems in providing the level of support required or in providing appropriate reasonable adjustments, please contact the Acute Liaison Nurse, Learning Disabilities (telephone 0787 657 8366) or your Ward Matron. Further guidance on levels of special observation can be found in the Special Observation Policy (click on hyperlink below to view policy).
http://eshealthcare/scripts/governance/passthrough.aspx?doc_id=1170&url=1170.pdf

1. Overall level of nursing support:

KEY:

a. Normal ward level staff.

b. Additional HCA staffing.
Key times:
- Support with nutrition
- Toileting
- Washing/Dressing

c. Additional support throughout the day (be specific, eg what level of support family and carers can provide):
- Carers present
- Family present
- Trained staff (be specific about the level of trained staff)

d. Other eg
- Interpreter
- Sign language
- Communication aid
- Provision of side room where possible

If there are problems in providing the level of support required or reasonable adjustments, please contact the Acute Liaison Nurse, Learning Disabilities or your Ward Matron.

PAS Label

East Sussex Healthcare NHS
NHS Trust

Caring for Patients with a Learning Disability: Assessment and Provision of Reasonable Adjustments

Nature of assessment	Nurse Assessment of Need(s)	Level of Support required: (1-4) Type of nursing support required (key A-D) 1. Independent 2. Partial assistance 3. Full assistance 4. Must have own staff team/family to deliver support	What reasonable adjustments do you need to make?
Communication			
Personal care			
Toileting			
Eating and drinking			

PAS Label

East Sussex Healthcare NHS
NHS Trust

Caring for Patients with a Learning Disability: Assessment and Provision of Reasonable Adjustments (continued)

Nature of assessment	Nurse Assessment of Need(s)	Level of Support required: (1-4) Type of nursing support required (key A-D) 1. Independent 2. Partial assistance 3. Full assistance 4. Must have own staff team/family to deliver support	What reasonable adjustments do you need to make?
Medication			
Procedures			
Behaviour needs			

Example patient

PAS Label

East Sussex Healthcare NHS Trust

Caring for Patients with a Learning Disability: Assessment and Provision of Reasonable Adjustments (EXAMPLE ONLY)

Nature of assessment	Nurse Assessment of Need(s)	Level of Support required (1-4) Type of nursing support required (key A-D) 1. Independent. 2. Partial assistance. 3. Full assistance. 4. Must have own staff team/family to deliver support.	What reasonable adjustments do you need to make?
Communication	Limited verbal communication skills. Says 'no no' when angry or upset. Understands simple clear words at one word level. Give time to process simple clear language.	3. Full assistance. A+ C. Carers present during waking hours as per behavioural needs.	Issue disability distress assessment tool (DISDAT) for family/carer to complete and use information provided. One person to communicate at any time. Use of picture reference book provided by family/carers.
Personal care	Able to provide own personal care with gestural prompts from staff.	2. Partial assistance. B+ C. Carers present during waking hours as per behavioural needs.	Give adequate time. Back up simple language with gestural prompts, eg mime 'washing face'.
Toileting	Fully continent with verbal and gestural prompts from staff. Needs assistance with hygiene after use of toilet.	2. Partial assistance. B+ C. Carers present during waking hours as per behavioural needs.	Give adequate time. Back up simple language with used of picture aids.
Eating and drinking	Able to eat and drink unaided but requires staff to prompt and support choices. Needs specially adapted equipment.	2. Partial assistance. A+ C. Carers present during waking hours as per behavioural needs.	Use of specially made plates, cup and cutlery provided by care team.

Example patient

PAS Label

East Sussex Healthcare NHS
NHS Trust

Caring for Patients with a Learning Disability: Provision of Reasonable Adjustments (continued) (EXAMPLE ONLY)

Nature of assessment	Nurse Assessment of Need(s)	Level of Support required: 1. Independent. 2. Partial assistance. 3. Full assistance. 4. Must have own staff team/family to deliver support.	What reasonable adjustments do you need to make?
Medication	Needs ward staff to administer medication but can refuse to take medication from staff who are not familiar to him/her.	3. Full assistance. A + C. Carers present during waking hours as per behavioural needs.	Discuss care with doctors and the possibility of prescribing medications at times regular carers will be present.
Procedures	Needs staff to provide reassurance during procedures. Is needle phobic and extremely frightened of any procedure involving needles.	4. (C) Must have assistance from his own care staff re blood samples.	Try where possible to organise bloods being taken when own staff team are present. They will use distraction techniques which are often successful. The doctor will need to have all equipment ready to take blood(s).
Behaviour needs	When frightened or anxious patient can become physically aggressive to self and others including staff and other patients. Patient is mobile and aggression is in form of punching, slapping and spitting.	4.(C) Must have own regular carers present during waking hours.	Regular carers are trained in distraction/calming techniques. Physical intervention may occasionally be required by his own care team. Care team have a care plan in situ for this. Provision of single room where possible.