

Shining a light on the future Northumberland, Tyne and Wear NHS Trust

City Hospitals Sunderland NHS Foundation Trust

Improving the hospital experience for people with learning disabilities at City Hospitals.

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Learning Disability.
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Working in partnership
How do we do it

Liaison and transition nurse are part of the Trust staff on a Trust contract.

Access to medical notes and systems within the acute setting.

Presence in the hospital and able to attend the ward quickly if a problem was to arise and support and advise is needed.

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Benefits working as a team

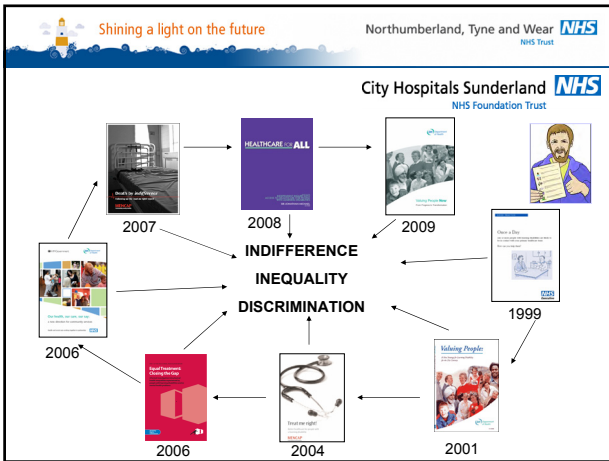
- Part of the trust
- Access the data bases
- Attend meetings as a member of staff
- Access to resource meetings consultants as a member of staff
- Share practice and concerns within staff
- Address issues internally not as part of the complaints process
- Drive changes and developments from inside

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“26% of People with a Learning Disability are admitted to acute hospital each year compared to 14% of the general population”

Mencap, The NHS: Health for all? 1998



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Progress we have made.

1. Developed a health care for all group which reports to the E and D Steering Group.
2. Meet monthly with head of performance, data information and others to determine how CQC indicators can be met.
3. Major contributor to self assessment framework.
4. Report to Health Sub Group.
5. Represented at Partnership board.
6. Developed a liaison network which will be part of A2A.

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- 1. Can the hospital identify and flag patients who have a learning disability?
- 2. Does the hospital provide accessible information?
- 3. Does the hospital provide suitable family support for family carers of people with learning disabilities?
- 4. Does the trust provide learning disability awareness training?
- 5. Does the trust have protocols in place to encourage the views of people with learning disabilities and their carers?
- 6. Does the trust have protocols in place to audit practice for patients with learning disabilities and can it be demonstrated in public reports?



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CQC 1

1. Beginning to populate a database of patients with learning disabilities using services at City Hospitals.
2. Putting an electronic flag on records.
3. Alerting liaison nurse that patient with learning disabilities is in or coming into hospital.
4. **TO DO - DEVELOP CARE PATHWAYS THAT MAKE THE REASONABLE ADJUSTMENTS NEEDED.**

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CQC Indicator 2

- Developing an accessible DVD that maps out the patient journey from point of referral and included annual health check.
- Soon to join up with Gateshead which will mean more scenes can be added.
- Will be part of a regional group that will scope out what information needs to be made available in easy read for acute hospitals.
- Have accessible inpatient questionnaire, hospital passport and leaflets about liaison services.

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CQC Indicator 3

- Meeting with Head of Performance and matrons to develop carers policy that is inclusive of the needs of family carers and paid carers of people with learning disabilities.

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CQC Indicator 4

- 3 hour learning disability awareness session delivered monthly to health care assistants on induction.
- Same session delivered twice a year to staff nurses on preceptorship.
- Section on learning disabilities within human rights training on trust induction.
- Soon to have an E-Learning package for all staff to access.
- One off training on request for staff teams.

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CQC 5

- Inpatient questionnaire available for people with learning disabilities and their carers on discharge.
- Developing an expert patient group to include views of people with learning disabilities that can influence service delivery, will feed into the E and D agenda and clinical governance.



CQC 6

- Have carried out mini audits around compliance with MCA.
- Need to begin auditing practices like MCA, use of DoLS, Use of NRACPR and the patient experience.
- Exploring mechanisms that will allow audit to be embedded in practice.
