LEARNING DISABILITY POLICY

POLICY

Reference	CPG-TW-LD
Approving Body	Safeguarding steering group
Date Approved	v4.0, 11th August 2020
Issue Date	v4.0, 15th September 2020
Version	4.0
Summary of Changes from Previous Version	• Learning Disabilities Mortality Review (LeDeR) information added – section 6.8. • Reference to Learning Disability Steering Group removed from the document. • Risk Assessment/ Plan of Care Agreement/ Time Sheet (was Appendices 5a, 5b & 5c) removed as information contained within the nursing core care plan. • Terms of Reference for Learning Disability Steering Group (was Appendix 9) removed • Reasonable Adjustments care plan (was Appendix 10) removed due to page 8 in the LD care plan having this information. • Appendices renumbered as appropriate following removal of above.
Supersedes	v3.0, Issued 21st September 2017 to Review Date November 2020 (ext[1])
Document Category	• Clinical
Consultation Undertaken	• Safeguarding Steering Group. • Learning Disabilities Mortality Review (LeDeR) Steering Group. • Mortality Review Group
Date of Completion of Equality Impact Assessment	13/08/2020
Date of Environmental Impact Assessment (if applicable)	13/08/2020
Legal and/or Accreditation Implications	Legislation, Healthcare Commission and CQC indicators
Target Audience	All staff employed by SFHT
Review Date	August 2023
Sponsor (Position)	Chief Nurse
Author (Position & Name)	Lisa Richmond, Learning Disability Nurse Specialist
Lead Division/ Directorate	Corporate/ Nursing
Lead Specialty/ Service/ Department	Safeguarding Team
Position of Person able to provide Further Guidance/Information	Lisa Nixon (Safeguarding Lead)

Associated Documents/ Information	**Date Associated Documents/ Information was reviewed**
1. Hospital Traffic Light Assessment (Appendix 4, External document)	Reviewed with policy, and remains the most up to date document.
Template control	June 2020

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1.0 INTRODUCTION AND BACKGROUND

Mencap (Learning Disability Charity) published a report called Death by Indifference (2007) this detailed six cases that demonstrated institutional discrimination towards people with learning disabilities within the NHS, leading to shortcomings in care received that ultimately resulted in the death of the 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.

Six Lives (2009), the report of the Health Ombudsman into the cases highlighted in Death by Indifference showed some significant and distressing failures in health and social care services, leading to situations where people with learning disabilities experienced prolonged suffering and inappropriate care. The report required all NHS and social care organisations to review a) the effectiveness of local systems to enable understanding and planning to meet the needs of people with learning disabilities and b) the capacity and capability of services to meet the complex needs of people with learning disabilities.

Death by Indifference 74 Deaths and Counting (2012) https://www.mencap.org.uk/sites/default/files/2016-08/Death%20by%20Indifference%20-%2074%20deaths%20and%20counting.pdf. A progress report 5 years on from the original report looked at continued complaints raised to Mencap regarding poor care and unequal treatment. Mencap state that the common themes are:

- Lack of basic care. (featured in 26 complaints)
- Poor communication. (featured in 24 complaints)
- Delays in diagnosis & treatment. (featured in 26 complaints)
- Failure to recognise pain. (featured in 11 complaints)
- DNR & MCA. (featured in 5 complaints)
- Diagnostic overshadowing.

This policy supports people with Learning Disabilities to access acute hospital healthcare when attending for diagnostic investigations or treatment, or emergency admission. This includes equality of access to services, easy to understand information, best interest decision making, and supporting familiar staff and family carers.

The aim of this policy is to ensure that people with Learning Disabilities are able to access high quality health care when attending Sherwood Forest Hospitals NHS Foundation Trust.

The policy aims are:

- To enable staff at the Acute Hospital Trust to develop a better understanding of people with learning disabilities and to equip them to deal more effectively with the particular needs of each individual.
- To clarify for community 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.
- To support paid carers/staff who are attending the Acute Hospitals with service users.

- To successfully implement the use of the Hospital Traffic Light assessment that is used within Nottinghamshire (see **Appendix 4**) and alternative patient passports for people with learning disabilities using hospital services.
- To provide an opportunity for hospital and community learning disability staff to work together to develop effective communication, raise awareness and make reasonable adjustments.

Policy Scope

This policy applies to all employees of the Trust including those managed by a third party organisation and are required to follow this policy.

This clinical document applies to:

Staff group(s)
- All Clinical Staff

Clinical area(s)
- Trustwide

Patient group(s)
- All adult patients with a Learning Disability (Over 18 years of age).

2.0 POLICY STATEMENT

This policy applies to all staff employed within Sherwood Forest Hospitals NHS Foundation Trust. The Trust is keen to provide a high quality service which is flexible to meet individual's needs.

3.0 DEFINITIONS/ ABBREVIATIONS

'The Trust'	Means Sherwood Forest Hospitals NHS Foundation Trust
'Staff'	All employees of the trust including those managed by a third third party organisation
'Learning Disability'	Is the term 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 below 70 IQ
- 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

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

The term "Learning Difficulties", is often used in educational services to describe people with specific learning problems and does not indicate that a person has a learning disability as defined above.

People with a Learning Disability may present as having:

- Difficulty 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

Sherwood Forest Hospitals NHS Foundation Trust has a Learning Disability Nurse Specialist employed to support all hospital staff in managing patients with Learning Disabilities for more about the role and how to refer see **Appendix 3**.

4.0 ROLES AND RESPONSIBILITIES

It is the responsibility of every staff member to have awareness about people with Learning Disabilities.

5.0 APPROVAL

This document was discussed with members of the safeguarding steering group following feedback from incidents, feedback from carers and patients and other professionals within SFH. This has also been following review from the regional Learning Disabilities Mortality Review (LeDeR) Steering Group to incorporate feedback, feedback from Structured Judgement reviews, incidents, section 42 inquiries and complaints/feedback.

The final policy (v4.0) has been approved by the Safeguarding steering group.

6.0 DOCUMENT REQUIREMENTS/ NARRATIVE – CARING FOR PATIENTS WITH LEARNING DISABILITIES

6.1. Care Quality Commission

The Care Quality Commission (CQC) has set out a series of indicators that are designed to improve health care for people with a learning disability within acute hospital settings. Trusts will be assessed on their responses to the following indicators:

- Identification of Learning Disability Patients and Flagging system
- Accessible communication and patient information
- Supporting Carers
- Availability of Learning Disability training
- Learning Disability input into future planning & development of services
- Regular audits

Further information to be found in **Appendix 2**

6.2. 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 paid carers, family members, advocates, care managers and Learning Disability team members.

People who have difficulties expressing themselves, understanding words, or reading and writing are undervalued in their societies. They are automatically excluded unless the people around them are prepared to change. Up to 90% of people with learning disabilities have communication difficulties. Half have significant difficulties: with both expressing themselves and understanding what others say. We know that for people with severe learning disabilities:

- 80% do not use effective speech
- 20% have no verbal communication, but can communicate in other deliberate ways
- 20% have no intentional communication skills
- 91% cannot read

SFHFT has a range of 'easier read leaflets' for patients with learning disabilities which have simplified language and accompanying recommended symbols. The trust Internet site also has a library of short DVD clips about coming to hospital for routine tests/procedures which Patients and carers may find useful.

SFHFT promotes the use of the Nottinghamshire Good Communication Strategy and the Accessibility Information Standards. Staff MUST be aware of the strategy when communicating with patients with Learning Disabilities and when making information in accessible formats.

Communication can also be supported with the use of simple picture symbols, each ward and outpatient area has access to '**The Hospital Communication Book'** (valuing people 2008) this is a laminated flipbook containing useful pictures and photo symbols to aid communication and was designed to give hospital staff basic information about the communication needs people may have.

The Hospital Traffic Light Assessment (first developed by Gloucestershire Partnership NHS Trust) is a document designed to accompany the patient on their journey through the hospital system: the 'red' section contains vital information about the person, i.e. contact details, allergies, medication etc, the 'amber' section lists information on activities of daily living and the

'green' section gives the person a chance to express their likes and dislikes. This patient held tool enables ward staff to care plan effectively for an individual. Hospital staff are required to ask a patient with a learning disability if they have a hospital traffic light assessment if so they are to use this information to plan for the individual, if not then hospital staff to provide the patient/carer with an assessment to complete. If we already have access to this information it can be found under the red divider section of the medical records.

Please see **Appendix 4 –** Hospital Traffic Light Assessment. This tool can also be downloaded from the Learning Disability intranet site, or copies obtained from the Learning Disability Nurse.

6.3. Mental Capacity Act

The Mental Capacity Act 2005 provides a legal framework for supporting individuals who may lack the capacity to make some decisions for themselves. This may be due to Learning Disability, Mental Health problem, brain injury, alcohol or drug misuse, dementia or any other illness or disability.

Everyone working with and/or caring for an adult who may lack capacity to make specific decisions must comply with this Act when making decisions or acting for that person. The same rules apply whether the decisions are life-changing events or everyday matters. Refer to SFH Mental Capacity Act policy click link

Related to the following SFH Trust policies: -

- Safeguarding Vulnerable Adults Policy Click here
- Deprivation of Liberty Policy Click Here
- Policy for Consent to Examination or Treatment Click Here
- Mental Capacity Act policy Click Here

6.4. Reasonable Adjustments

In law, all public sector services have a legal duty to provide 'reasonable adjustments' for people with learning disabilities. Reasonable adjustments include removing physical barriers to accessing services, but importantly also include changing the ways in which services are delivered and ensuring that policies, procedures and staff training all enable services to work equally well for people with learning disabilities.

The 'reasonable adjustments' for patients will be based on individual need. Some examples of reasonable adjustments are:

- Having the first or last clinic appointment
- Double appointment slots
- Having 'easier read' information available
- Having access to the right equipment
- Staff using information taken from the Hospital Traffic Light Assessment to deliver personalised care on the ward.
- Having a quieter waiting area
- Being allocated a cubicle
- Proactive use of the Mental Capacity Act (where appropriate)

To ensure that patients with Learning Disabilities receive an equitable outcome and good healthcare the trust need to be flexible in their approach to individuals and plan care

individually. Reasonable adjustments that have been made are to be documented in page 8 of the LD care plan.

6.5. Supporting Carers

Sherwood Forest Hospitals recognises and values the vital role carers play in the health and the well-being of the people they care for. For patients with a learning disability a familiar carer is an invaluable resource to provide information and guidance to hospital staff in how we may need to provide appropriate care to the individual.

We recognise that some family and Community paid carers may wish to continue some of their caring role when the person they care for is a patient at Sherwood Forest Hospitals, this should be seen as a good will gesture and not expected by staff. Where carers choose to stay practical arrangements such as parking, breaks and refreshments should be discussed. Any agreement about care should be jointly decided and documented in Sherwood Forest Hospitals nursing documentation.

Role of family member

- Facilitate effective communication and support the individual patient to understand information.
- Support Trust staff to agree a plan of care to meet individual needs
- Provide emotional support to the patient (especially during clinical procedures which may cause distress)
- Advise Trust staff on approaches that have worked well in the past
- Support the patient to make decisions relating to care & treatment
- Assist in 'Best Interests' decisions; where the patient lacks capacity
- To continue with care if they wish.

Role of Sherwood Forest Hospital staff:

- Individual care planning and review
- Assessing and monitoring nutritional needs
- Moving and handling
- Postural management
- Personal care and hygiene needs
- Administration of medications
- Assessment and management of pain relief
- Co-ordination of discharge

The Trust has a policy to support Carers link for more information

6.6. Learning Disability Risk Assessment

The **Learning Disability Risk Assessment (found in the nursing core care plan)** is designed to identify risks to a patient with Learning Disabilities whilst they are in hospital. This includes the physical risks as well as the risks to the effectiveness of the health outcome from the hospital stay.

The assessment MUST be completed *during the first 24 hours of admission* by the registered nurse looking after the patient in consultation with someone who knows the person with a learning disability well (family or paid carers).

It should be re-evaluated by ward staff in the following circumstances:

- Upon Internal transfer
- Following an incident in behaviour
- Following a significant change in the patients overall condition for the better or worse
- Weekly

A plan of care agreement (also found in the nursing core care plan) should be completed for any risk identified. When completing the assessment staff need to consider ways to reduce the risks and consider what 'reasonable adjustments' may be required to ensure the patient gets access to the required healthcare. This should be documented in page 8 of the LD learning disability care plan.

The assessment also identifies if additional support is needed to ensure a safe stay. It will identify which would be the most appropriate agency to provide the best support to the patient. This could be management by existing ward staff which all patients receive, assistance from family, a bank or agency staff provided by the hospital or a familiar paid carer to the patient or a Learning Disability trained staff member provided by the hospital. The assessment needs to be completed by the nurse looking after the patient and the outcome of the assessment should be cascaded to the ward leader and the Head of Nursing. If additional support is required from a bank/agency staff member or a familiar worker from an outside agency then this needs to be discussed with the appropriate Divisional Matron as there will be a financial cost to the division.

See **Appendix 5 –** Arranging 1:1 additional support for people with a learning disability with an outside agency, guidance and pathway.

6.7. Pathways of Care – Points to Consider

Sherwood Forest Hospitals recognises the need for health services to be individual and flexible to suit the needs of patients with learning disabilities and has 'reasonably adjusted' it's care pathways appropriately so that patients with learning disabilities receive an equitable service to the general population.

Adjusted clinical pathways can be seen in **Appendix 6.1 – 6.6** along with guidance for their use. Pathways have been adapted for:

- Emergency Department Admissions (**Appendix 6.1**) Admissions to Emergency Assessment Unit (**Appendix 6.2**)
- Pre Op Assessment (**Appendix 6.3**)
- Routine Planned admissions (**Appendix 6.4**)
- Discharge Planning (**Appendix 6.5**)
- Out Patient Clinic (**Appendix 6.6**)

6.8. Learning Disabilities Mortality Review (LeDeR)

The Learning Disabilities Mortality Review (LeDeR) Programme aims to make improvements to the lives of people with learning disabilities. It supports local areas in England to review the deaths of people with learning disabilities aged 4 years and over, to clarify any potentially modifiable factors associated with a person's death, and ensure that these are not repeated elsewhere.

Overall aim of the LeDeR programme
The overall aim of the LeDeR programme is to use the information obtained from reviews of deaths in England to help reduce premature deaths, as well as improve the quality of health and

social care received by people with learning disabilities and remove any health inequalities they may experience during their lives.

The reviews of deaths of people with learning disabilities are intended to support health and social care professionals, and policy makers, by highlighting best practice and recommending how the health and social care received by everyone with a learning disability can be improved.

All deaths of a patient with a learning disability within the trust will need to be referred to the Learning Disabilities Mortality Review (LeDeR) Programme through the online portal available at https://leder.nhs.uk/report

It is the responsibility of the Doctor overseeing the patient's care to ensure the death is reported. The learning disability specialist nurse provides advice and guidance and should be notified of all deaths of a patient with a learning disability within the trust. The mortality review lead should also be notified so that the structured judgement review can be completed and uploaded onto the LeDeR portal. The learning disability specialist nurse provides advice and guidance and should be notified of all learning disability deaths.

7.0 MONITORING COMPLIANCE AND EFFECTIVENESS

The Learning Disability Nurse will be responsible for the clinical audit of the use of the Learning Disability risk assessment which is now included in the new Learning Disability Care plan. The completion of these plans will be monitored for each patient with a learning disability flag who is admitted to hospital.

The Learning Disability Nurse will also monitor the deaths of patients with a Learning Disability who have died within SFH. These will be reviewed and fed back to the safeguarding steering group on a quarterly basis.

Minimum Requirement to be Monitored **(WHAT – element of compliance or effectiveness within the document will be monitored)**	**Responsible Individual** **(WHO – is going to monitor this element)**	**Process for Monitoring e.g. Audit** **(HOW – will this element be monitored (method used))**	**Frequency of Monitoring** **(WHEN – will this element be monitored (frequency/ how often))**	**Responsible Individual or Committee/ Group for Review of Results** **(WHERE – Which individual/ committee or group will this be reported to, in what format (eg verbal, formal report etc) and by who)**
Completion of LD care plan	LD Nurse	Visual review upon admission	Each Admission of a person with an LD flag	Safeguarding Steering Group
Review of internal deaths of patients with a learning disability	LD nurse and Mortality surveillance group	The notes will be pulled and reviewed for each internal death	Quarterly	Safeguarding Steering Group Mortality Surveillance Group

8.0 TRAINING AND IMPLEMENTATION

A programme of formal and informal training is available for staff working in our hospitals which educate them on Learning Disability Awareness and how to use the documentation.

- The Learning Disability Nurse Specialist will raise awareness on the Registered Nurse and Healthcare Assistant Induction Programme
- Staff who require Learning Disability training will be given an update each year as part of the mandatory update programme. An E-learning Module has been developed by the Learning Disability Specialist Nurse and local Day services. This will be in situ from April 2017
- Informal guidance, advice and support are provided by the Learning Disability Nurse Specialist on a small group or individual basis to meet identified needs.

An attendance register of any training completed will be sent to the OLM Administer

9.0 IMPACT ASSESSMENTS

- This document has been subject to an Equality Impact Assessment, see completed form at Appendix 8
- This document has been subject to an Environmental Impact Assessment, see completed form at Appendix 9

10.0 EVIDENCE BASE (Relevant Legislation/ National Guidance) AND RELATED SFHFT DOCUMENTS

Evidence Base:

- DoH Valuing People (2001)
- Mental Capacity Act (2005)
- Death by indifference (2007)
- Healthcare for all (2008)
- Nottinghamshire Multi-agency strategy for good communication with people with learning disabilities across Nottingham and Nottinghamshire (2013)
- The Learning Disabilities Mortality Review (LeDeR) programme (2019)
- Care Act 2014

See **Appendix 1** for further evidence base.

Related SFHFT Documents:

- Mental Capacity Act policy
- Safeguarding Vulnerable Adults Policy
- Deprivation of Liberty Policy
- Policy for Consent to Examination or Treatment
- Carers policy
- Equality & Diversity policy
- Accessibility Information Standards
- Clinical Holding
- Enhanced Observations
- Care Act
- Mental Health Act

11.0 KEYWORDS

Vulnerable, vulnerability, risk dependency and support assessment, support, 1 to 1, difficulty, risk assessment, behaviour, communication, cognition,

12.0 APPENDICES

Appendix 1: Evidence base and Further Reading
Appendix 2: Care Quality Commission Indicators for Acute Hospitals
Appendix 3: Learning Disability Nurse Specialist Role
Appendix 4: Hospital Traffic Light Assessment
Appendix 5: Arranging 1:1 Additional support for people with a learning disability, Guidance and pathway
Appendix 6: Clinical Pathways
- **6.1** Emergency Department
- **6.2** Emergency Assessment Unit
- **6.3** Pre-Operative Assessment Unit
- **6.4** Planned Admission
- **6.5** Discharge Planning
- **6.6** Out Patient Clinic

Appendix 7: Accessible letter
Appendix 8 – Equality Impact Assessment Form
Appendix 9 – Environment Impact Assessment Form

Appendix 1
EVIDENCE BASE AND FURTHER READING:

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 (2009)) retained the principle outlined in Valuing People that people with 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 the 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.

Six Lives (2009), the report of the Health Ombudsman into the cases highlighted in Death by Indifference highlighted some significant and distressing failures in health and social care services, leading to situations where people with learning disabilities experienced prolonged suffering and inappropriate care. The report required all NHS and social care organisations to review a) the effectiveness of local systems to enable understanding and planning to meet the needs of people with learning disabilities and b) the capacity and capability of services to meet the complex needs of people with learning disabilities.

Services for people with learning disability and challenging behaviour or mental health need (The Mansell Report) (revised edition 2007) is an updated version of the guidance originally produced in 1993. This good practice guidance sets out the actions that should be taken in order to effectively meet the needs of people with challenging behavior.

Equal access? A practical guide for the NHS: creating a Single Equality Scheme that includes improving access for people with learning disabilities (2009) is a guide to support the NHS to include people with learning disabilities in their equality schemes, with practical examples of reasonable adjustments to achieve equality of access.

Improving the health and wellbeing of people with learning disabilities (2009) is a World Class Commissioning document that supports commissioners to meet the needs of people with learning disabilities, and ensure they are fulfilling their duty to promote equality.

The Care Quality Commission indicator on Access to healthcare for people with LD for acute and specialist trusts seeks to respond to the recommendations made in the Healthcare for All Inquiry report for providers, specifically around the collection of data and information necessary to allow people with a learning disability to be identified and the arrangements trusts have in place to ensure the views and interests of people with learning disabilities and their carers are included in the planning and development of services.

The National report for commissioning services and support for people with learning disabilities and complex needs joint review (2009) published by The Healthcare Commission, Commission for Social Care Inspection and Mental Health Act Commission looked at nine areas of England to see how well people with learning disabilities and complex needs were being supported by local services. The report of the joint review gives key findings and recommendations, and some examples of good practice.

The Healthcare of People with Learning Disabilities in the East Midlands (2008) informed the regional Next Stage Review and outlined a vision for a systematic approach to the health care of people with learning disabilities, integrated with health and social care services.

All commissioners in NHS East Midlands have been required to undertake, in conjunction with service-users, carers and other stakeholders, a Performance and Self-assessment Framework (2009) to provide a rating across a number of top targets. NHS Nottingham City will be required to develop an action plan from the assessment, and has identified the following priorities following completion of the framework:

Death by Indifference 74 deaths and counting (2012) needs a link A progress report 5 years on from the original report looked at continued complaints raised to Mencap regarding poor care and unequal treatment. Mencap state that the common themes are:

- Lack of basic care. (featured in 26 complaints)
- Poor communication. (featured in 24 complaints)
- Delays in diagnosis & treatment. (featured in 26 complaints)
- Failure to recognise pain. (featured in 11 complaints)
- DNR & MCA. (featured in 5 complaints)
- Diagnostic overshadowing.

Appendix 2
CARE QUALITY COMMISSION INDICATORS FOR ACUTE HOSPITALS:

The Care Quality Commission has set out a series of indicators that are designed to improve health care for people with a learning disability within acute hospital settings. These indicators are reproduced here: -

Trusts will be assessed on their responses to the following six questions, based on the recommendations set out in 'Healthcare for all' (2008) – the Independent Inquiry into Access to Healthcare for People with learning Disabilities…

1. Does the trust have a mechanism in place to identify and flag patients with learning disabilities* and protocols that ensure that pathways of care are reasonably adjusted to meet the health needs of these patients?

2. In accordance with the Disability Equality Duty of the Disability Discrimination Act (2005), does the trust provide readily available and comprehensible information** (jointly designed and agreed with people with learning disabilities, representative local bodies and/or local advocacy organisations) to patients with learning disabilities about the following criteria:
• Treatment options (including health promotion)
• Complaints procedures, and
• Appointments

3. Does the trust have protocols in place to provide suitable support for family carers who support patients with learning disabilities, including the provision of information regarding learning disabilities, relevant legislation*** and carers' rights?

4. Does the trust have protocols in place to routinely include training on learning disability awareness, relevant legislation***, human rights, communication techniques for working with people with learning disabilities and person centred approaches in their staff development and/or induction programmes for all staff?

5. Does the trust have protocols in place to encourage representation of people with learning disabilities and their family carers within Trust Boards, local groups and other relevant forums, which seek to incorporate their views and interests in the planning and development of health services?

6. Does the trust have protocols in place to regularly audit its practices for patients with learning disabilities and to demonstrate the findings in routine public reports?

* Learning disabilities (Valuing People, 2001) include the presence of:
1. A significantly reduced ability to understand new or complex information, to learn new skills (impaired intelligence), with
2. A reduced ability to cope independently (impaired social functioning);
3. Which started before adulthood, with a lasting effect on development.

**As described in the Mental Capacity Act (2007), organisations should take 'all practicable steps' to present information in a way that is appropriate to the person's circumstances.

***To include the Mental Capacity Act (2007), the Disability Discrimination Act (1995) and the Carers Act (1995)

Data source and period Care Quality Commission special data collection (as at 31st March 2010)

Appendix 3
Learning Disability Nurse Specialist Role.

The overall aim of the Service is '**To improve healthcare for people with a Learning Disability'.** The learning disability nurse specialist will work within the acute hospital and facilities within Sherwood Forest Hospitals and will have three primary aims: -

a. **Strategic** To act as a resource for the management teams within the SFHF Trust in providing specialist Learning Disability knowledge when developing or reviewing any of their services that may have an impact on people with Learning Disabilities. This would include establishing a Learning Disability Protocol/policy, respond to policy development and add a Learning Disability perspective into practices and procedures, advising on Learning Disability related complaints and critical incidents.

b. **Education** To deliver training and / or coaching, both formal and informal, to all relevant SFH staff so that their knowledge of Learning Disability is enhanced in such a way that people with learning disabilities have the best possible experience from secondary healthcare interventions and appropriate clinical outcomes. To support people with learning disabilities with understanding and navigating the acute hospital and the services it provides

c. **Liaison** To work directly with individuals with Learning Disabilities, their family carers, paid carers, Community Learning Disability Teams and staff within the SFH Trust to ensure clinically appropriate outcomes and maximise the positive experience of people with learning disabilities.

WHO RECEIVES THE SERVICE

All patients over the age of 18 years with a Learning Disability (as defined in this policy) or 16 years cared for on an adult ward.

HOW TO MAKE A REFERRAL:

The Learning Disability nurse specialist will accept referrals to work with any adults with a Learning Disability who are accessing or have a planned treatment within any part of the Sherwood Forest Hospitals Trust. This would include out-patient appointments, day procedures / operations and hospital admissions (both planned and emergency), and maternity support for parents with a Learning Disability.

Referral Sources will include: -

- Individuals with a learning disability.
- Carers of people with a learning disability (either family or paid carers).
- Hospital staff.
- Health Facilitators.
- Community Learning Disability Nurses.
- Social Workers.
- Adult mental health services.
- GP's
- Social care providers.

By phone – extension 6091
In person
Written Referral or email to sfh-tr.safeguardingadults@nhs.net for the attention of the Learning

Appendix 5

Person with learning disability is identified (flagged or self/carer reported)

Ward staff to assess the person's vulnerability and any risk issues by completing the 3 steps below.

STEP 1
Ask if the patient has:

- Hospital Traffic Light Assessment, if not give the patient or carer one to complete
- Health Action Plan – patient held document
- If from a care home/supported living placement – ask for any care plans or risk assessments that should continue in hospital

Use these on the ward to plan for the patient.

STEP 2
Ward staff **MUST** complete LD Risk Assessment this **MUST** be completed with the patient's family or paid carers.
Identify risks and establish if additional support is needed.

STEP 3
Address and care plan for any needs identified from the Hospital Traffic Light Assessment & LD Risk Assessment.

Does the LD Risk Assessment identify the need for additional support hours from bank/agency staff (LD background/training) or Familiar paid carer from outside agency?

YES

1. Establish the patients care requirements these could be Physical, Emotional, Behavioural, Communication & cognition. It's the responsibility of the trained nurse caring for the patient to ensure risk management has been undertaken. SFHFT have overall responsibility of the patient during their stay.
2. Does the patient already have 1:1 hours at home/residential home? If so utilise these hours. If no 1:1 hours are normally given establish when they are needed?
3. Alert divisional matron about the vulnerable patient and the need for additional support, alert the appropriate divisional matron.

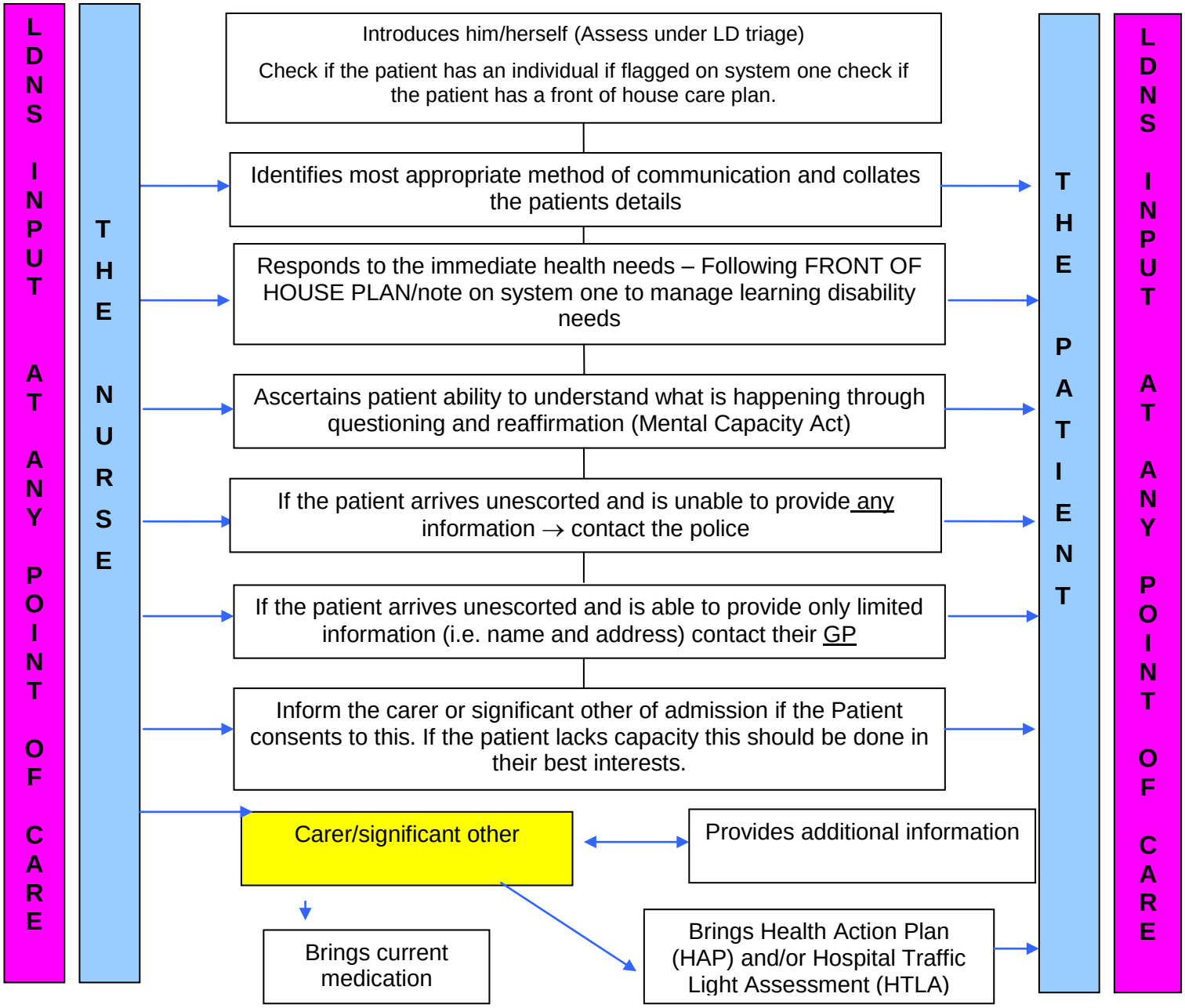
NO
Contact the persons care manager to alert to admission & to gain further information

Establish the patients care requirements these could be Physical, Emotional, Behavioural, Communication & cognition. (Highlighted in Risk assessment) It's the responsibility of the trained nurse caring for the patient to ensure risk management has been undertaken.

SFHFT have overall responsibility of the patient during their stay

Support from the Learning Disability Nurse Specialist is available during weekdays on ext 6091

Appendix 6.1 – Emergency Department Pathway for a patient with a Learning Disability



Is an admission into hospital needed?

Yes

No

Give the carer the HTLA to complete copies can be found on http://sfhnet.nnotts.nhs.uk/learningdisability/

Alert EAU or Ward of LD and Follow care pathway for Admission

Discharge; write in the patients HAP if they have one.

CONSIDER SUPPORT OF LEARNING DISABILITY NURSE SPECIALIST AT ANY POINT OF CARE LISA RICHMOND phone ext 6091/3357

Emergency Department admission for a patient with a learning disability

The Nurse/Professional will:

1. On Arrival into A&E the patient is to be medically triaged, if highlighted that the patient has a learning disability then LD triage to be completed by staff. Every effort will be made to fast track the client (where needed) through A&E department. (See appendix). If Patient has a LD alert on Systmone please check the additional information by opening the flag. Please check if the Patient has a specific Front of House care plan.

2. On greeting the patient, introduce themselves.

3. Establish the most appropriate method of approach and communication with the patient.

4. Explain procedures or care to be provided in response to the patient's health care needs. Consider use of 'The Hospital Communication Book' to support the patients understanding.

5. Ascertain as to whether the patient has understood what is happening to them through questioning, allowing the patient time to ask questions or respond in a way that is familiar to them. Consider the patients capacity to consent to care/treatment.

6. Assess the patient and produce an individualised plan of care or treatment, consider reasonable adjustments that may be needed.

7. Offer the patient reassurance and an explanation as to who will be providing their care/treatment.

8. If the patient is unable to provide any information and their name and address is therefore unknown, steps should be taken to notify the police and inform them of the situation. If the patient is able to provide the nurse with limited personal details such as their name and address but unable to provide any further information, then efforts should be made to contact their General Practitioner or Community Learning Disability Team (Mansfield CLDT 0115 8041245, Ashfield CLDT 0115 9560882, Newark CLDT 0115 8760150)

9. Ask the patient as to whom they wish to be contacted with regard to their (the patient's) imminent admission and who might be able to provide additional information if it is needed. If the patient lacks capacity then this should be decided in their best interests.

10. On a patient requiring admission, ask the carer/significant other, to bring into hospital the relevant personal belongings, current medication and relevant health related documents, e.g. Health Action Plan book and Hospital Traffic Light Assessment.

11. Ensure the patient's admission documentation is completed by assessing the patient, utilising the Hospital Traffic Light Assessment. (Alert admitting ward if not completed)

12. Involve the patient/carer in planning care and where necessary, assist in obtaining informed consent.

13. Alert the Learning Disability Nurse Specialist of the admission or Discharge.

Emergency Department fast track Protocol
For Patients with learning Disability

Coming into hospital can be frightening, confusing and stressful for everyone but if you have a learning disability it is likely that this is even more complicated. This can be due to increased anxiety due to difficulties in communicating, individuals not knowing or understanding their health and personal needs, and difficulties in adjusting in the hospital environment.
The aim of this protocol is to assist staff in providing a complete service for people with learning disability.

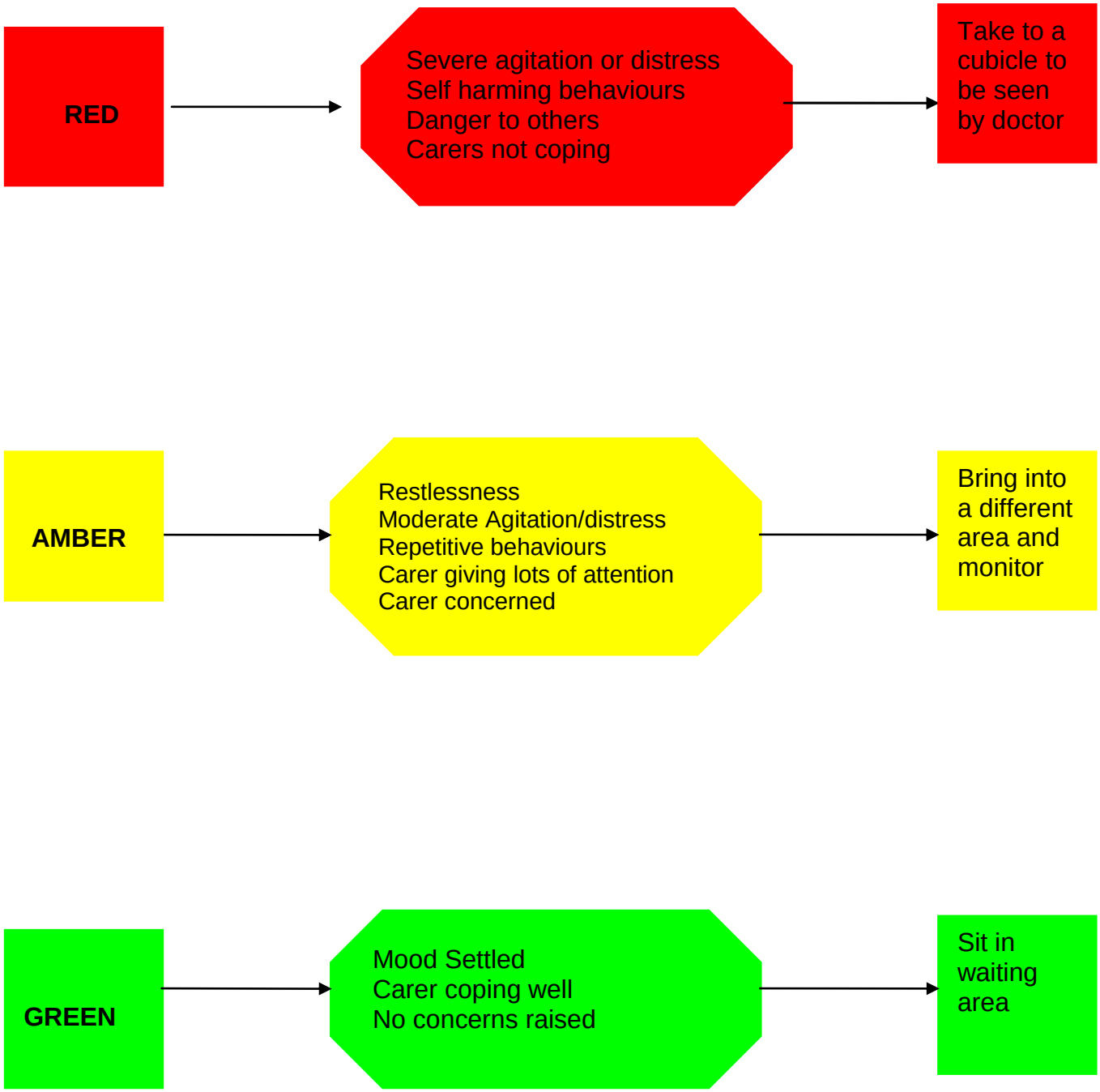
- Triage will alert staff in the department that the patient may have additional needs
- Patients will be triaged according to clinical need, then re- triaged (*where appropriate) to a higher category to reduce waiting time using LD triage flowchart.
- The nurse will decide with the carer if there is a need for a separate waiting area
- If the patient has personal health records and /or a traffic light assessment the nurse should use these
- When there are difficulties with communication, use the hospital communication book
- The nurse will make every effort to 'fast track' the patient through the department, this will include communicating with different areas in the department

The following 'reasonable adjustments' need to be considered:

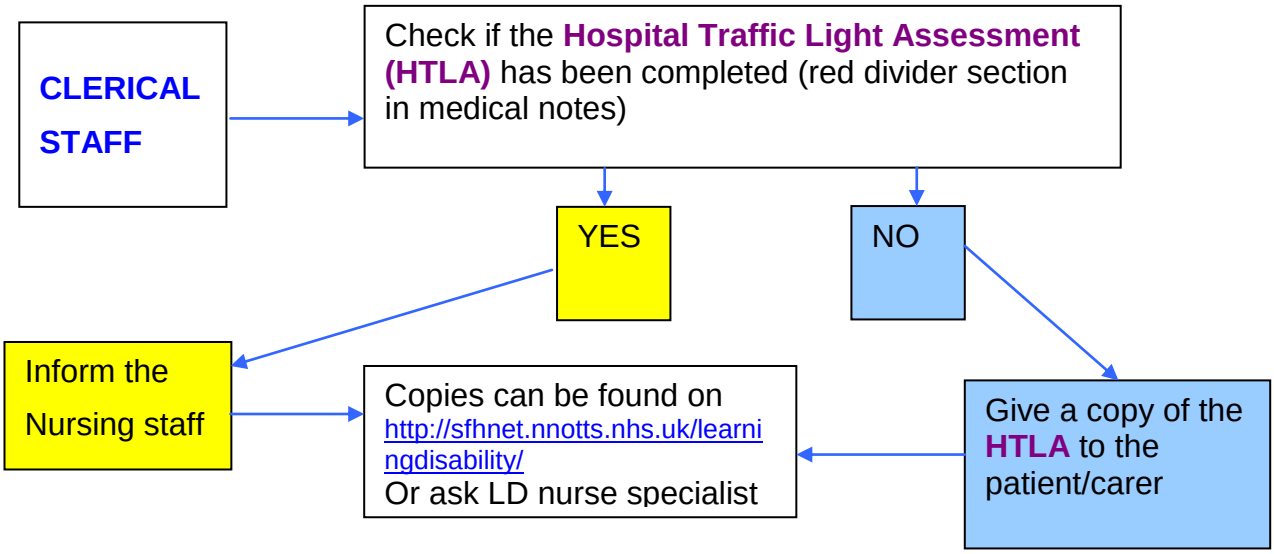
- Involve carers but talk to the person/patient
- Use clear words and pictures/symbols
- Don't use jargon or complex information
- Give extra time for patients to understand information
- A different waiting area
- Don't assume that symptoms are part of the patients learning disability, mental health or autism need
- Adjusting procedures, e.g. walking to anaesthetic room, wearing own clothes
- Use of the discharge prompt to ensure patient and/or carers are fully informed

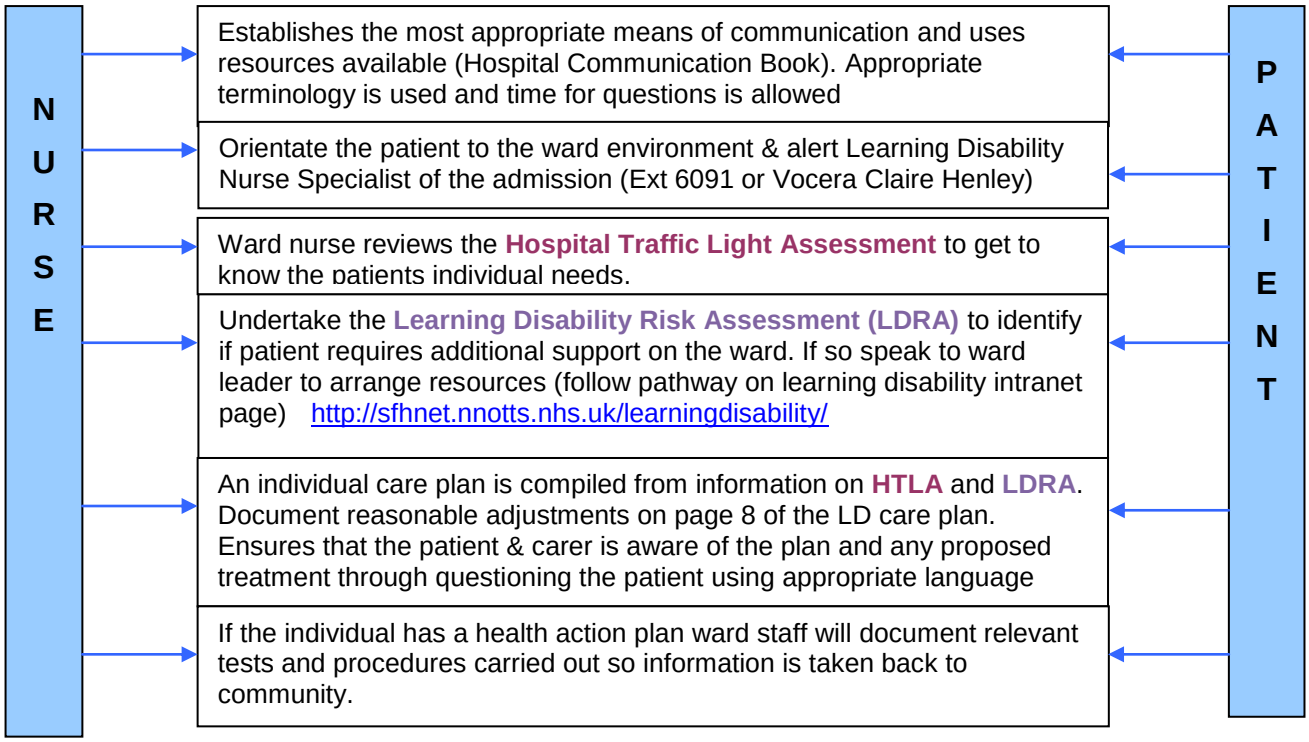
*When patient or carer indicates additional needs associated with the individuals mental health, learning disability or autism (e.g. has difficulty in waiting, does not cope well with crowds, and becomes quickly agitated/aggressive).

Learning Disability triage



Appendix 6.2 – Learning Disability Admission to EAU





CARER/SIGIFICANT OTHER

EAU admission for a patient with a Learning Disability

NB: Completion of the Learning Disability Risk Assessment must take place within 24 hours of admission.

1. Staff to check if the patient has a copy of the Hospital Traffic Light assessment in the red divider section of their medical notes. If so this is to be bought to the attention of nursing staff. If the patients have not got a copy of the hospital traffic light assessment then a copy is to be given to the patient or carer to fill in. The main points of the traffic light assessment are to be written onto the one page profile within the learning disability care plan.

2. Consideration to where the patient is best placed on the ward should occur at this stage bay/cubicle take into account privacy & dignity issues, risks of behaviour or vulnerability of the patient.

3. On arrival to the ward the admitting nurse escorts the patient to their bed area and ensures that the patient is familiar with the facilities available within the ward.

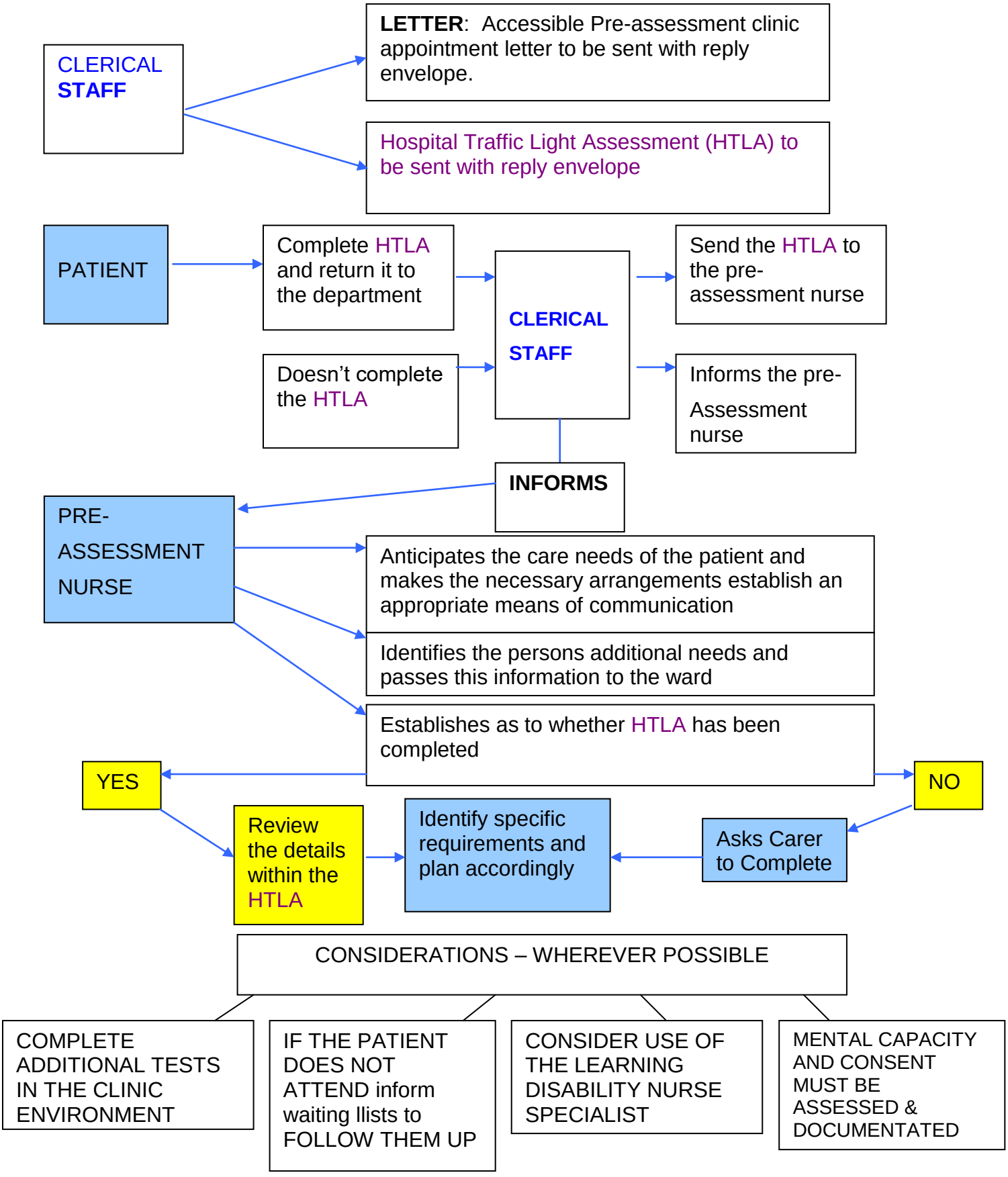
4. It is the admitting nurse's responsibility to complete the Learning Disability Risk Assessment to ascertain what needs on the ward might be. The admitting nurse liaises with the patient/carer and identifies which aspects of care the carer wishes to assist/participate in providing; this must be documented clearly using the care plan agreement within the Learning Disability Care plan. The nurse negotiates rest periods with the carer; the ward must notify the appropriate divisional matron about the additional 1:1 hours. Guidance on securing additional resources can be found on pathway http://sfhnet.nnotts.nhs.uk/learningdisability/

5. The care plan is to be utilised fully during any and all admissions.

6. The patient and any external carers are informed of the care plan and to who will provide the various aspects of their care. Any support given by external carers must be recorded within the plan.

7. Document any reasonable adjustments made in the LD care plan page 8.

Appendix 6.3 – Planning an admission for a patient with Learning Disabilities – Pre assessment



Arranging the Pre-Assessment

1. Prior to elective admission, if the patient has a Learning Disability Flag on PAS the clerical staff send an accessible letter (see appendix 7), Hospital traffic light Assessment (see appendix 4) to the patient, giving them a pre-assessment appointment, time and date.

2. The patient/carer is asked to complete the Hospital Traffic Light Assessment prior to the appointment and return it in the pre-paid envelope back to the department.

3. On receipt of the completed paperwork, clerical staff will forward the Traffic Light Assessment to the nursing team responsible for the pre-assessment clinic. The nursing staff will then anticipate care needs of the patient e.g. mobility, transport, need double appointment time, interpreter/communication needs to accommodate and support the patient at the pre-assessment appointment. This information is vital to the patient having a successful pre assessment visit.

4. If the Hospital Traffic Light Assessment has not been completed and returned prior to the patient's appointment, the pre-assessment nurse needs to encourage completion of the Assessment at the pre-assessment visit. (copies found in clinic or on http://sfhnet.nnotts.nhs.uk/learningdisability/)

5. The nurse arranges the necessary requirements for the patient prior to their admission. The nurse should facilitate a conversation about the persons required level of observation and support at home and highlight any risk issues. If there are issues highlighted as a need the pre assessment nurse is to inform the relevant ward leader, so this can be negotiated before the patient's arrival on the ward. The Learning Disability Nurse Specialist should be notified to liaise with appropriate departments.

6. Wherever possible the patient is offered the opportunity to be shown around the ward so that they can familiarise themselves with the facilities available and reduce any anxieties.

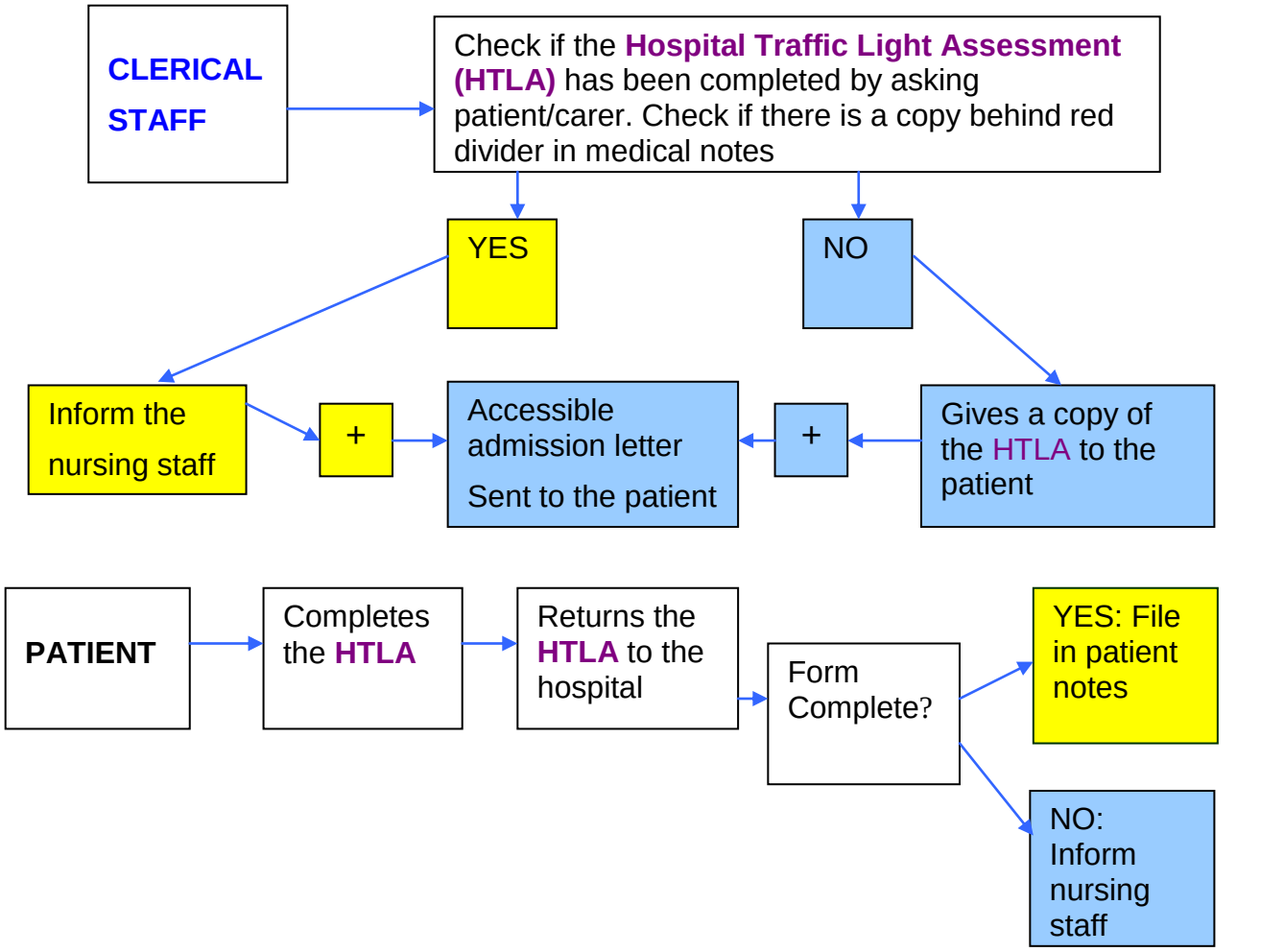
7. Wherever possible additional tests such as ECGs are performed within the pre-assessment appointment. Consider use of accessible information, this is a requirement to properly assess the patient's capacity to consent.

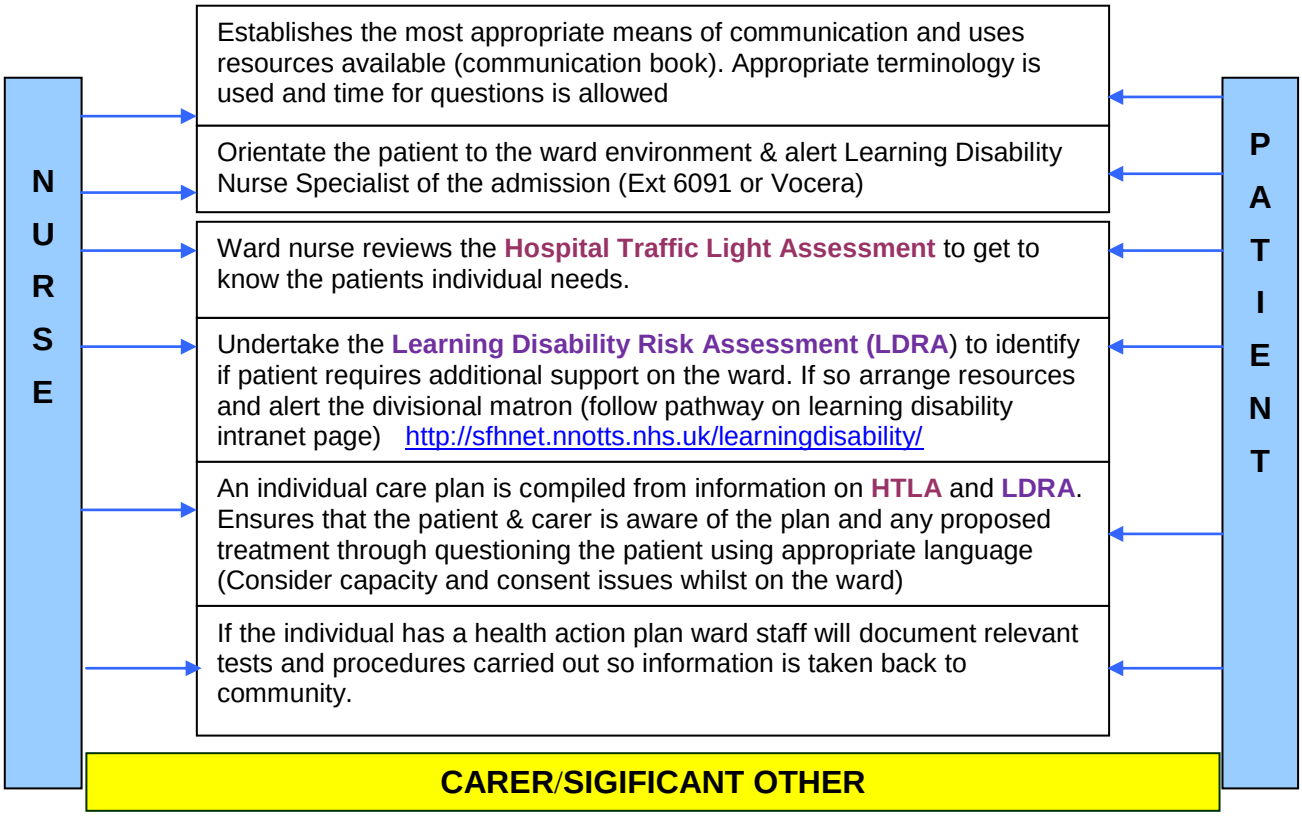
8. If a patient does not attend their appointment, contact the patient/carer to ascertain the reason why the patient has not attended. Consider use of the Learning Disability Nurse Specialist, to arrange appropriate support if needed in the community.

9. On contact with the patient or carer, a further appointment will be agreed. The patient/carer will be contacted and further pre-assessment appointment date will be agreed. If time does not allow for a further pre-assessment appointment, the pre-assessment nurse ensures that the nurses on the admitting ward are aware that the Hospital Traffic Light Assessment will require completion on admission.

10. At each stage of the care delivery and whilst communicating with the patient, take time to ascertain that the patient has understood through questioning or responding to physical gestures

Appendix 6.4 – The planned admission of a patient with a Learning Disability to an acute hospital environment





Planned admission of a patient with a Learning Disability

NB: Completion of the Learning Disability Risk Assessment must take place within 24 hours of admission.

Planned Admission

1. The clerical staff to check if the patient has a copy of the Hospital Traffic Light assessment in the red divider section of their medical notes. If so this is to be bought to the attention of nursing staff. If the patients have not got a copy of the hospital traffic light assessment then a copy is to be given to the patient or carer to fill in.

2. Consideration to where the patient is best placed on the ward should occur at this stage bay/cubicle take into account privacy & dignity issues, risks of behaviour or vulnerability of the patient.

3. On arrival to the ward the admitting nurse escorts the patient to their bed area and ensures that the patient is familiar with the facilities available within the ward.

4. It is the admitting nurse's responsibility to complete the Learning Disability Risk Assessment and care plan to ascertain what needs on the ward might be. The admitting nurse liaises with the patient/carer and identifies which aspects of care the carer wishes to assist/participate in providing; this must be documented clearly using the plan of care agreement. The nurse negotiates rest periods with the carer; the ward must notify the appropriate Divisional matron. Guidance on securing additional resources can be found on pathway http://sfhnet.nnotts.nhs.uk/learningdisability/

5. The patient is informed of the care plan and to who will provide the various aspects of their care.

6. It is explained to the patient and carer that the care plan will be reviewed on a regular basis to ensure that the care provision reflects the patient's current needs/care requirements.

Appendix 6.5 – Discharge planning for Patients with Learning disabilities.

1. Discharge planning should be discussed with the patient and the main carer at the time of admission. There is a section in the learning disability care plan to support this.

2. The policy on discharge planning should be adhered to at all times. If the patient has support from the Community Learning Disability Team they should be involved in the discharge planning process

- Mansfield CLDT 0115 8041245
- Ashfield CLDT 0115 95660882
- Newark CLDT 0115 8760150

3. If the Patient with a learning disability lacks capacity then consider referral to an IMCA if the discharge is to a different residence.

4. Where the multidisciplinary team have been involved they should be made aware of the admission by the Named Nurse. The Named Nurse should make contact with the Learning Disability Nurse Specialist via ext 6091/3357, this will ensure a co-ordinated approach for complex cases.

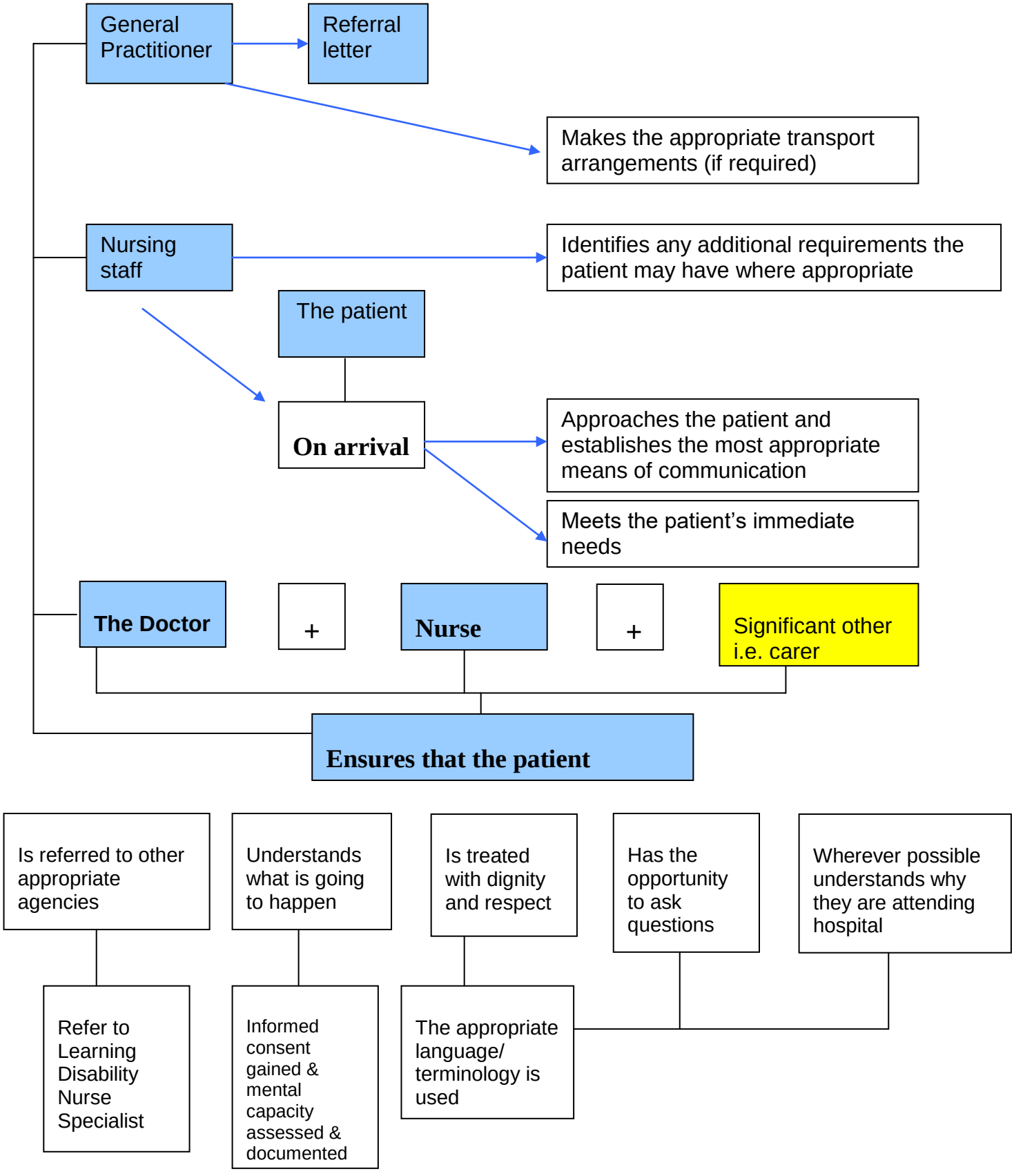
5. The Learning Disability Nurse Specialist can assist by informing the Community Learning Disability team or by making referrals for follow up by other specialist community services. This may be in addition to referrals made by ward staff to District Nursing Services for example, which should be contacted for ‘standard’ community nursing follow up.

6. The ward nurse should write in the Patient Held record (HEALTH ACTION PLAN) any investigations, tests and follow up required; this will ensure continuity in the community.

7. Consider a Multidisciplinary meeting with community services invited if issues become complex and use of the vulnerable adults discharge planning prompt to provide a framework to the meeting.

8. On the day of discharge the patient or main carer should be issued with a copy of the patient’s Orion discharge plan detailing the patient’s care needs on discharge and arrangements for community support.

Appendix 6.6 – Attendance to the outpatient department



Attending an Outpatient Department

1. Where appropriate on attendance to clinic staff should check the medical records file behind the red divider for information and advice on what 'reasonable adjustments' need to be arranged. Information and advice can be given from the Learning Disability Nurse Specialist ext 6091/3357.

2. On arrival at the Outpatient Department, care reflecting the patient's individual needs will be provided.

3. On greeting the patient in the Outpatient Department, the nurse will introduce themselves and will establish the most appropriate method of approach and communication with the patient prior to their consultation. Using appropriate resources (Hospital communication Book)

4. The patient will be fully informed about their condition and prior to any treatment or investigation or planned care; the nurse/professional will establish that the patient has full understanding of what is happening to him/her, prior to obtaining consent.

5. The patient's mental capacity should be assessed and carer or relevant other will be involved in the best interest decisions. Once the decision has been made for further care & treatment, planning the care & treatment should take place and reasonable adjustments should be made for the patient. This helps to reassure the patient and help with compliance and overall patient experience.

6. The patient's privacy and dignity will always be maintained during consultation and treatment.

7. Consultation/treatment is provided in a dignified and private manner and is conducive to the patient's needs.

8. Reasonable adjustments at follow up appointments can be implemented from the onset and documented on page 8 of the LD care plan

9. If listed for surgery and pre-op assessment is required, outpatient nurse to discuss needs of the patient directly with pre-op

At each stage of the care delivery and whilst communicating with the patient, take time to ascertain that the patient has understood through questioning or responding to physical gestures.

- *NB Throughout the course of 2017 discussions is being held with CCG's around the implementation of a proforma. This proforma is hoped to highlight reasonable adjustments in line with the Equality Act prior to the first appointment. This can also support MCA and Best interest planning.*

Appendix 7 – example easy read/ accessible letter

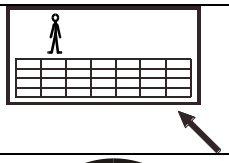
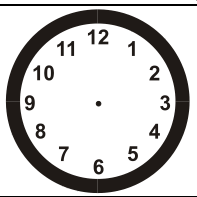
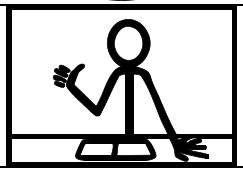
Sherwood Forest Hospitals
NHS Foundation Trust

<<TODAYDATE>>
REF; <<TREATNUMBERPREFIX>>
NHS NUMBER <<NHSNUMBER>>
<<FORENAME>> <<SURNAME>>
<<HOMEADD1>>
<<HOMEADD2>>
<<HOMEADD3>>
<<HOMEADD4>>
<<HOMEPC>>

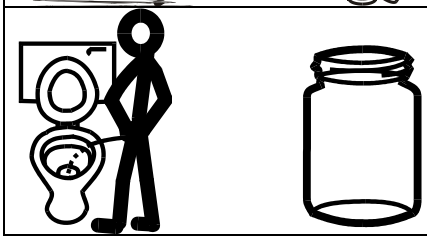
King's Mill Hospital
Mansfield Road
Sutton in Ashfield
Nottinghamshire
NG17 4JL

Tel: 01623 622515
Join today: www.sfh-tr.nhs.uk

Dear <<FORNAME>> <<SURNAME>>

	You have an appointment at <<KMH>> <<NH>>
	You will see <<consultant>>
	On <<day>> <<date>> <<month>> <<year>>
	At <<time>>
	Come to <<clinic number>> in the Kings Treatment Centre. Give your name to reception
	If you can't come to the appointment Or you need to change the appointment please phone **01623 672549**

Please see over page for more information about your appointment

	Bring your tablets
	Your first wee in the morning In a clean pot

Yours sincerely

Chief Executive

Appendix 8 – **Equality Impact Assessment (EqIA) Form** (please complete all sections)

- Guidance on how to complete an EIA
- Sample completed form

Name of service/policy/procedure being reviewed: Learning Disability Policy			
New or existing service/policy/procedure: Existing			
Date of Assessment: 13/08/20			
For the service/policy/procedure and its implementation answer the questions a – c below against each characteristic (if relevant consider breaking the policy or implementation down into areas)			
Protected Characteristic	a) Using data and supporting information, what issues, needs or barriers could the protected characteristic groups' experience? For example, are there any known health inequality or access issues to consider?	b) What is already in place in the policy or its implementation to address any inequalities or barriers to access including under representation at clinics, screening?	c) Please state any barriers that still need to be addressed and any proposed actions to eliminate inequality
The area of policy or its implementation being assessed:			
Race and Ethnicity:	NONE	NONE	NONE
Gender:	NONE	NONE	NONE
Age:	Policy is relevant to 18years and above	NONE	NONE
Religion:	NONE	NONE	NONE
Disability:	Possible barriers to communications, lack of understanding of reasonable adjustments.	Disability policy, Learning Disability policy.	NONE
Sexuality:	NONE	NONE	NONE
Pregnancy and Maternity:	NONE	NONE	NONE
Gender Reassignment:	NONE	NONE	NONE
Marriage and Civil Partnership:	NONE	NONE	NONE
Socio-Economic Factors (i.e. living in a poorer neighbourhood / social deprivation):	NONE	NONE	NONE

What consultation with protected characteristic groups including patient groups have you carried out?

- This document was discussed with members of the safeguarding steering group following feedback from incidents, feedback from carers and patients and other professionals within SFH. This has also been following review from the regional Learning Disabilities Mortality Review (LeDeR) Steering Group to incorporate feedback, feedback from Structured Judgement reviews, incidents, section 42 inquiries and complaints/feedback.

What data or information did you use in support of this EqIA?

- Equality Act 2010
- Care Act 2014
- Mental Capacity Act 2015

As far as you are aware are there any Human Rights issues be taken into account such as arising from surveys, questionnaires, comments, concerns, complaints or compliments?

- NONE

Level of impact
From the information provided above and following EqIA guidance document (click here), please indicate the perceived level of impact:

Low Level of Impact

Name of Responsible Person undertaking this assessment: Lisa Richmond

Signature: L Richmond

Date: 13/08/2020

APPENDIX 9 – ENVIRONMENTAL IMPACT ASSESSMENT

The purpose of an environmental impact assessment is to identify the environmental impact, assess the significance of the consequences and, if required, reduce and mitigate the effect by either, a) amend the policy b) implement mitigating actions.

Area of impact	Environmental Risk/Impacts to consider	Yes/No	Action Taken (where necessary)
Waste and materials	• Is the policy encouraging using more materials/supplies? • Is the policy likely to increase the waste produced? • Does the policy fail to utilise opportunities for introduction/replacement of materials that can be recycled?	No No No	
Soil/Land	• Is the policy likely to promote the use of substances dangerous to the land if released? (e.g. lubricants, liquid chemicals) • Does the policy fail to consider the need to provide adequate containment for these substances? (For example bunded containers, etc.)	No No	
Water	• Is the policy likely to result in an increase of water usage? (estimate quantities) • Is the policy likely to result in water being polluted? (e.g. dangerous chemicals being introduced in the water) • Does the policy fail to include a mitigating procedure? (e.g. modify procedure to prevent water from being polluted; polluted water containment for adequate disposal)	No No No	
Air	• Is the policy likely to result in the introduction of procedures and equipment with resulting emissions to air? (For example use of a furnaces; combustion of fuels, emission or particles to the atmosphere, etc.) • Does the policy fail to include a procedure to mitigate the effects? • Does the policy fail to require compliance with the limits of emission imposed by the relevant regulations?	No No No	
Energy	• Does the policy result in an increase in energy consumption levels in the Trust? (estimate quantities)	No	
Nuisances	• Would the policy result in the creation of nuisances such as noise or odour (for staff, patients, visitors, neighbours and other relevant stakeholders)?	No	