TRUST POLICY

TRANSITION OF INPATIENT CARE: PAEDIATRIC PATIENT WITH LEARNING DISABILITIES TO ADULT SERVICES

Any hard copy of this document is only assured to be accurate on the date printed. The most up to date version is available on the Trust Policy Site.

All document profile details are recorded on the last page.

All documents must be reviewed by the last day of the month shown under “review date”, or before this if changes occur in the meantime.

FAST FIND:

Young Person known to Children’s Services transitioning/moving/transferring to Adult Services.

Young person aged 18 years not known to the Children’s Services accessing Adult Services.

Safeguarding Adults

Safeguarding Children

Adult Patient with a learning disability

Reasonable Adjustments Checklist

DOCUMENT OVERVIEW

Operational Policy for the transition of a young person from the Paediatric Service to Adult Services, Defining roles and responsibilities for each staff member within the Children and Adult Service.

This document may be made available to the public and persons outside of the Trust as part of the Trust’s compliance with the Freedom of Information Act 2000
1. INTRODUCTION
2. DEFINITIONS
3. PURPOSE
4. ROLES AND RESPONSIBILITIES
5. OPERATIONAL GUIDE ON TRANSITION OF CARE
6. TRAINING
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Appendices

1. Transition Pathway for a Young Person with a Learning Disability
2. Adult with a learning disability process
3. Reasonable adjustment checklist
4. Reasonable adjustments to ensure that disabled people are not disadvantaged when using our services - A guide for Reception staff
5. Reasonable adjustments to ensure that disabled people are not disadvantaged when using our services - A guide for Outpatient Department staff and Emergency Department staff

Action cards

- **Action Card TOC1** - Adult Ward Inpatient Healthcare Team
- **Action Card TOC2** - Paediatric Consultants
- **Action Card TOC3** - Paediatric Ward Nurse (PWN) / Paediatric Outpatient Nurse (PON)
- **Action Card TOC4** - Emergency Department Healthcare Team
- **Action Card TOC5** - Hospital Learning Disability Liaison Nurse Team (HLDLN)
- **Action Card TOC6** - Paediatric Disability Link Nurse Team (PDLN)
- **Action Card TOC7** - Paediatric Specialist Nurses
1. INTRODUCTION

This policy provides operational guidance for medical and nursing staff and other allied professionals within Paediatric and Adult services.

A young person who has a learning disability and additional medical needs requiring paediatric input will need some degree of transition arrangement. Children and Young people with an isolated diagnosis of Learning Disability are not usually under routine paediatric care: their General Practitioner (GP) will be responsible for their care.

Both paediatric and adult services recognise that transition to adult services is a major milestone in the life of the young person and their family. There are significant differences in the way services are provided both within Paediatrics and Adult health care, and the transition from Paediatric to Adult care requires careful planning. Transition is to be a positive experience for every young person who grows into adulthood.

By utilising a coordinated, gradual and well structured care plan, prepared with the young person and their family, a smooth transition into the adult setting can be achieved in line with current national guidance on best practice.

Read this document in conjunction the care pathway and other related documents listed on the main policy page.

2. DEFINITIONS

<table>
<thead>
<tr>
<th>Word/Term</th>
<th>Descriptor</th>
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<tbody>
<tr>
<td>Young Person</td>
<td>A young person aged between 14 years and 18 years.</td>
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<tr>
<td>Children’s Outpatients</td>
<td>A child and young person outpatient department where their care needs are medically assessed and plan of care agreed with patient and parent/carer</td>
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<tr>
<td>Children’s Inpatients</td>
<td>A child and young person inpatient ward where care needs are medically assessed and plan of care given</td>
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<tr>
<td>DH</td>
<td>Department of Health</td>
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<tr>
<td>MENCAP</td>
<td>A charitable organisation who value and support people with a learning disability, and their families and carers.</td>
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<td>HLDLNT</td>
<td>Adult based hospital learning disability liaison Nursing Team.</td>
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<tr>
<td>PLDLNT</td>
<td>Paediatric learning disability link nursing team.</td>
</tr>
<tr>
<td>PAS</td>
<td>Trust patient information database which records information on all hospital admissions and visits.</td>
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<tr>
<td>Patient First</td>
<td>Emergency Department computer system for admitting patients.</td>
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<tr>
<td>Transition</td>
<td>Transfer of a Young Persons care from Paediatrics to Adult services</td>
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</table>

3. PURPOSE

The purposes of this document are:

- To achieve high quality individualised transition of care for every young person who is likely to need hospital admission(s) as a young adult
- To provide on-going development of care for children, young people and adults with a learning disability within the Trust in line with best practice guidance from the Department of Health (DH 2010) and Mencap (2004)
- To help the young person develop skills in communication, decision making, assertiveness, self-care, self – advocacy and independence within the adult care settings
- To ensure adequate communication between paediatrics and adults of essential information (e.g. safeguarding, mental health and Learning Disabilities concerns)

### 4. ROLES AND RESPONSIBILITIES

<table>
<thead>
<tr>
<th>Post/Group</th>
<th>Details</th>
<th>Resources</th>
<th>Review/Monitoring</th>
<th>Implement/ation</th>
<th>Records</th>
<th>Reporting</th>
<th>HR</th>
</tr>
</thead>
</table>
| Consultant Paediatricist                        | - Responsibility for transition communication between young person, Paediatric and Adult medical staff  
- Ensure early and comprehensive referral to the hospital learning disabilities liaison nursing team (HLDLNT)                                                                                     | X         | X                 | X               | X       | X         |     |
| Paediatric Specialist Nurses                    | - Support named paediatric consultant in transition communications between young person, Paediatric and Adult medical staff  
- Ensure early and comprehensive referral to the hospital learning disabilities liaison nursing team has been completed (HLDLNT)                                                          | X         | X                 | X               |         | X         |     |
| Paediatric Learning Disabilities Liaison Nurse (Team) | - Liaise with the HLDLNT when the young person is admitted to in-patient ward  
- To observe, assess and document the young person’s health care needs, including any additional therapies together with the HLDLNT. Ensure the young person has a traffic light assessment to complete.  
- Provision of information and support to the young person and family.  
- Participate in multidisciplinary meetings and ensure support and guidance to the young person, their family and Paediatric nursing staff. | X         | X                 | X               | X       |           |     |
| Hospital Learning Disabilities Liaison Nursing Team | - After referral from the consultant or specialist nurse. Participate in multidisciplinary meetings relating to the care of the young person  
- Responsible for completing individual nursing/therapies care plan, together with the paediatric nursing staff and patient/carer, and a traffic light hospital assessment to complete.  
- Providing the patient and carer/parents with a copy of the young person’s care plan when a date for final transition is agreed.  
- Ensure that the emergency department have a copy of the young person’s care plan when a date for final transition is agreed.  
- Provision of information and support to the young person and their family. |           |                   |                  |         | X         |     |
5. OPERATIONAL GUIDANCE ON TRANSITION OF CARE

5.1 Initiating the care pathway

The named consultant is responsible for initiating the transition of care pathway. However, paediatric nurse specialists, the PLDLNT and nursing staff on the paediatric ward may also start the process by informing the named consultant.

5.2 Age of entry

A young person can enter the pathway of transition from the age of 14. Upon entry, the HLDLNT will be involved in the process. There are 3 categories in the pathway that the young person may fall into. They are:

- When the need for acute or elective admission to hospital is thought to be uncommon (defined as equal or less than one admission in the preceding year); see 5.3
- When acute or elective admissions to hospital are likely to occur frequently (more than once a year); see 5.4
- When a young person not known to the acute services and they are aged 16 years or above – the adult patient learning disability process should be followed

5.3 Uncommon need for admission

No specific inpatient transition arrangements are required. The consultant, specialist nurse or paediatric outpatient nurse is responsible for issuing transition information to the young person and their parents. Outpatient transition will be gradually introduced from the age of 14, with completion to the adult services by the age of 16 to 18.

5.4 Frequent need for admission

Inpatient transition arrangements must be put into place. There will be three phases:

- Introductory/planning phase (aged 14-15yrs)
- Preparation phase
- Transfer phase

See transition process in section 6 below.

6. TRANSITION PROCESS

6.1 Introductory/planning phase

The consultant, specialist nurse or paediatric outpatient nurse is responsible for issuing transition information to the young person and their parents.

6.2 Preparation phase

The following process will apply:

- Consultant contacts the HLDLNT to initiate their involvement
- HLDLNT together with the paediatric LDLN will make an assessment of the young person’s inpatient care needs and make a care plan
- A multidisciplinary team clinic appointment will be offered prior to transfer (this may coincide with a routine paediatric outpatient appointment. At this point, a transition date will be determined and agreed after other factors have been considered – see action card ???
- If a young person is admitted to the ward the paediatric ward nurse or paediatric LDLN should inform the adult HLDLNT and the care plan to be reviewed for any changes.
6.3 **Transfer phase**

The following process will apply:

- The young person is transferred to adult services
- HDLN T to ensure the young person’s care plan is placed in the emergency department at both Cheltenham General and Gloucester Royal Hospitals
- An alert is also placed on their medical file, Patient First system and PAS by the HDLN T and the emergency department team

7. **TRAINING**

See information recorded on Training Needs Analysis.

8. **MONITORING OF COMPLIANCE**

<table>
<thead>
<tr>
<th>Objective</th>
<th>Frequency/timescale</th>
<th>Methodology</th>
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<tbody>
<tr>
<td>Review/ debrief of each individual transition</td>
<td>Individual</td>
<td>Retrospective Audit. Paediatric Consultant, adult HDLN T, Paediatric LDLNT and Paediatric Specialist nurses to discuss and review.</td>
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<td>Completion of e-learning module – Care of a patient with Learning Disabilities for both Adult and Paediatric nursing staff</td>
<td>Annual</td>
<td>Review by Senior Nurses, feedback to Senior Nurse Meetings and nursing teams</td>
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<tr>
<td>Real time process – Learning Disability Care Audit (Adults only)</td>
<td>March/ September</td>
<td>Audit, results discussed and disseminated to directorates</td>
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<tr>
<td>4 C’s processs – complaints, comments, compliments and concerns</td>
<td>Monthly</td>
<td>Discussed at Trust Board, Directorates</td>
</tr>
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9. **REFERENCES**

Care Quality Commission (2011) [Review of Learning Disability Services](#). London: Care Quality Commission


Trust Intranet resources on Learning Disabilities
Transition Pathway – patient with a Learning Disability
Paediatric – Adult Services (Generic) August 5th 2011 V2

- Give Trust Transition Information Leaflet to the Patient
- Give Trust Transition Information Leaflet to the parent / carer
- Inform HLDLNT – Who add ALERT to Health Records and PAS / Patient First and review to consider if a Support Planning meeting indicated

14 to 18 years Transition planning

Full transition by 18th Birthday

Consultant Paediatrician discusses Transition planning at Out Patient Appointments – Use of Trust Transition Reasonable Adjustments Guidance checklist
- Involve the patient/carer/significant others
- Liaise with community LD Team and / or GP as part of community transition plan
- Liaises with Paediatric Primary nurse if patient known to in-patient services and the paediatric Learning Disability link nurse team (PLDLNT)
- Liaises with Specialist nurse where appropriate to patient needs
- Consider patient needs within an adult in-patient /out-patient and Emergency Dept setting- assess for possible / anticipated reasonable adjustments
- Involve HLDLNT where indicated

Patient with
Complex needs

As step 1 and involve HLDLNT and prepare a Support Plan

As step 1 and consider Reasonable Adjustments

Patient known to
Inpatients

Step 1
For all patients with a Learning disability give leaflets, traffic light document and inform HLDLNT

- HLDLNT/PLDLNT/ Specialist Nurse and Consultant Paediatrician liaise to consider if a support plan is indicated? If YES
  - Liaise with patient / family / carer
  - Complete a patient support plan
  - Consider equipment needs and reasonable adjustments.
  - Copy the Support Plan x 3 (1x copy with patient / parent / carer, 1x copy with HLDLNT and 1x copy in Emergency Dept)
- Support plan must be reassessed at each and every admission - Liaise with HLDLNT / patient / carer – update copies must be in the E/Dept, copy given to patient and carer and with HLDLNT
Adult Patient with a learning disability – Trust Process V8 Feb 12

Hospital Learning Disabilities Liaison Nurse Team will:
- If aware before presentation to hospital setting HLDLNT liaise with Health Care Team, patient, family and Carers within the Community setting and liaise with Trust Health Care Team
- Support care and treatment plan and complete specialist assessments
- Liaise with health care team
- Place Trust ALERT sticker on patients Health Record and document on inner cover - Liaise to ensure Clinical ALERT on ‘Patient First’ and on ‘PAS’

Refer all patients at each presentation to the Hospital Learning Disabilities Liaison Nurse Team (HLDLNT) - 08454 224953 / 85

Patient presents to Emergency Department:
- Refer to HLDLNT
- Check clinical ALERT on Patient First System – is there a Support Plan - if yes use this to support care and treatment plan
- Enter on Patient First Triage Screen
- Refer to Support plan if this is in place
- Assess patient and Carer needs.
- Ask Family member/Carer for the traffic light assessment Document - If not available, provide one for patient/family/carer to complete (Copies held in E/Dept and ACU)
- Refer to Trust Reasonable Adjustments Checklist (V 18)
If patient to be admitted, inform ward:
- that the patient has a known learning disability and of the reasonable adjustments identified
- If a Support Plan is present - copy the plan and place in patients Health Record
If patient does not require admission
- Provide information regarding treatment and follow up in format that the patient understands; ensure carer(s) involved

Patient presents to ward:
- If admitted via OPD or Pre Assessment liaise with referring health care team
- If admitted via E/Dept liaise with referring health care team – is their a patient Support plan – if yes refer to this to support care and treatment planning
- Refer to HLDLNT
- Implement Learning Disability Care Plan
- Use of the Purple Butterfly Sign-Follow Trust Protocol
- Refer to Trust Reasonable Adjustments Checklist (V18)
- If a young person and first admission to Trust Adult Patient Services – assess and evaluate care needs in relation to the specific needs of the person
- Liaise with HLDLNT throughout admission and discharge planning
- Involve patient, and family/carers throughout admission and for discharge planning
- If the young person is in education and the hospital stay may impact on the person’s learning, guide patient and carer to their education provider for access to appropriate educational resources during admission.

Patient presents to Pre-admission or Out Patients Department:
- Refer to HLDLNT
- Assess patient needs.
- Ask Family member or Carer for the traffic light assessment. Document - If not available, provide one for patient / family/ carer to complete (Copies held in E/Dept and ACU)
- Refer to Trust Reasonable Adjustments Checklist (V18)
- Are patient needs complex?
If patient to be admitted, inform ward:
- That the patient has a known learning disability and of the reasonable adjustments identified
If patient does not require admission
- Provide information regarding treatment and follow up in format that the patient understands also involve the carer
Reasonable Adjustments Guidance Checklist (March 2012)

Please use this checklist to consider if any reasonable adjustments are needed for your patient – Remember it is a legal requirement under the Equality Act 2010 to make reasonable adjustments where these are indicated.

For the patient with a Learning Disability or known Dementia
You must document in the patient’s Health Record or Care Plan what, if any Reasonable Adjustments are required

For the patient with a Learning Disability: (Age 14 and above)
Refer all patients each time of presenting, to the Learning Disability Liaison Team: 08454 224985 or 08454 224953

For the patient with Dementia or altered cognition:
Consider referral to Mental Health Liaison Team for further advice and support: Contact number - GRH ext: 5490

Consider use of the Purple Butterfly Magnetic Bed Head Sign – Follow Trust Protocol

Check communication needs
- Adapt communication style to meet individual needs. - Slow down and allow more time for patient to process information
- Include carers in communication
- Gestures, objects of reference, pictures, hospital communication book
- Increase observations where indicated to spot changes in condition or behaviour
- Is there a Hospital Traffic Light assessment? (patients with Learning Disability?); if yes view this with the patient and carer, use information to plan care. If not provide patient/carer with this document and ask for it to be completed (available on wards/Emergency Department/Acute Care Units and Learning Disabilities Liaison Nurse)
- For the patient with a Learning Disability, involve the Learning Disability Liaison Team where easy-read patient information is indicated
- Is there a ‘This is me’ document (Patient with Dementia); if yes view this with the patient and carer, use information to plan care. If this is not brought in by the patient, provide patient/carer with this document and request that this be completed – copy of the ‘This is me’ document available on the Trust Dementia Intranet page

Capacity to consent to care and treatment
- Consider is it appropriate to assess capacity? Follow Trust Mental Capacity Act Policy
- Can the patient understand, retain, weigh up and communicate decisions – use Trust Assessment of Capacity document GHNHSFT – Y0711-01-10 and Consent Form 4
- Remember that Capacity is decision and time specific
- If care being delivered in patients best interests consult with those who know the patient well and document decisions.

Pain assessment and management
- Check how the person communicates pain, involve Carers and Family
- Record indicators, e.g. facial expression, guarding, behaviour
- Consider words used to express pain
- Use of the Abbey Pain Scale, communication book

Risk assessment and managing risks
- Clinical care risks: e.g. epilepsy needs, personalised equipment, care-plans, assessment.
- Environmental risks: e.g. sharps, medical equipment, creams, medications
- Behaviour risks: e.g. could harm self or others.
- Safety: Increased level of support, side room behaviour management guidelines

Managing anxiety, agitation
- Offer reassurance, tone of voice, body language
- Is additional support required?
- Adjust the environment e.g. side room
- Complete risk assessment/inform lead nurse
- Management guidelines around behaviours?
- Assess and liaise with medical team to consider if appropriate to prescribe medication to reduce anxiety
- Refer to the relevant Liaison Team to support the plan of care
- Work in partnership with relatives/carers

Turn over to view page 2
For the patient with a Learning Disability or known Dementia
You must document in the patients Health Record or care plan
if Reasonable Adjustments are required or if no Reasonable Adjustments are required

Patient with a mental health need
- Consider referral to Mental Health Liaison Team for further advice, support or to seek more information regarding the patients community team involvement: Contact number - GRH ext: 5490
- Risk assessment and management – document these within the Health Record or care plan
- Review the patients care plan - Document patients behaviour and any trigger factors

Medication assessment and management
- Be sensitive to timing of medications
- Involve Pharmacy and Medical Team - Check branded medication
- Does the patient usually have tablets or liquid medication?
- Does the patient have a specific way of taking their medication when at home?
- Explain clearly any changes to medication – check understanding – does the patient need more information?
- Involve the patient and their Carer

Accessing other departments e.g. OPD, X-ray
- Does the patient need additional support
- Does the patients carer or family need to be present
- Does the patient have difficulty with waiting – if yes - inform senior staff within the dept to needs and requirement to fast track
- Is the patient likely to be anxious or challenging? – if yes - inform senior staff within the dept to needs and requirement
- Understanding information? – easy read leaflets, written information to take away
- Contact number provided for advice
- Extra time allowed for appointment?

Assessment and management of nutritional needs
- Complete MUST assessment, involve specialists as indicated by patient needs
- 1:1 support at mealtimes? Use of red tray
- Consider patient likes and dislikes?
- Consider regular prompts/assistance to ensure sufficient fluids/food
- Cut up food/soft diet/risk assessment and management if potential for choking risk
- Special equipment – own cup/cutlery
- Speech and Language Therapy guidelines in place
- Accurate recording – fluids, food input/output
- Does the patient require enteral feeding support? e.g. PEG feeding regime

Assessment and management of personal care needs
- Level of carer support required (Remember ward staff remain responsible for all aspects of care).
- Continence – prompting, toileting, pads, bowel charts
- Additional support – from hospital?

Supporting carers
- Refer to carers policy (A0059) and give out the Trust Carers Leaflet
- Identify carer and invite to remain with the patient/ flexible visiting etc
- Establish role of carer & work in partnership, keep carer informed on all aspects of care and discharge
- Orientate to the ward environment; fire, hand washing, confidentiality, single sex accommodation
- Sign post to Carers badges, parking permits - Use of staff toilet, drinks from trolley, breaks
- Refer to Senior Line Manager if paid Care worker to be involved

Planning and managing discharge
- Always provide a written discharge summary for patient/relatives or carers to include diagnosis, treatment, medication changes and follow-up
- If needs are complex consider discharge planning meeting and involve Trust DAT team
- Training needs of carers – involvement of other members of the Health Care Team e.g. Occupational Therapist
- Equipment/dressings for the home?
- Referral to specialist services?
- If patient with a Learning Disability – Inform Community Learning Disability Team if required
- If patient with Dementia – Inform 2gether Trust Managing Memory Together Service if required
‘Reasonable adjustments’ to ensure that disabled people are not disadvantaged when using our services

A Guide for Reception Staff

The Equality Act 2010, which includes legislation from the previous Disability Discrimination Act, imposes a statutory duty for all service providers’ (including health services) to make reasonable adjustments to ensure:

- disabled people are not at a substantial disadvantage compared to non-disabled people when accessing our services, for example patients with Dementia, or a hearing impairment or a vision impairment
- equal access to services by disabled people by way of the elimination of physical barriers in the built environment, which otherwise put them at a substantial disadvantage
- auxiliary aids are provided which enable the Trust to provide equity of services to disabled people

➢ The duty to make reasonable adjustments applies to all of us in the health service and failure to make reasonable adjustments regarding service provision, practice, the built environment or an auxiliary aid, is a failure to comply with the statutory duty

Examples of ‘reasonable adjustments’ for people with learning disabilities

- Ensuring that the patient is seen promptly and reducing the need to queue or wait
- Wherever possible, offer the first appointment of the day
- If, despite best efforts, waiting is unavoidable, allow the patient to leave the area with their carer and return at a given time or when contacted by mobile phone
- Providing information in ‘easy read’ format (contact Patient & Public Involvement (PPI) for availability)
- Finding out in advance the patient’s individual needs and meeting them wherever possible

Processes in place to help you

- There are now red ‘Alert’ stickers on the front of most of the notes for people with Learning Disabilities, if you see one:
- Check the inside cover of the file for details
- If there is confirmation that the patient has Learning Disabilities, consider making ‘reasonable adjustments’ to enhance their experience in the hospital
- Inform the nursing staff and the Learning Disability Liaison Nurses*

* The Learning Disability Liaison Nurses are available to facilitate communication between staff and patients with Learning Disabilities:

Contact: Bev Farrar – 07825928091 or Carol Forbes – 07825927912, Office telephone - 08454224169

APPENDIX 4
‘Reasonable adjustments’ to ensure that disabled people are not disadvantaged when using our services

A guide for Out Patient Department staff and Emergency Department staff

The Equality Act 2010, which includes legislation from the previous Disability Discrimination Act, imposes a statutory duty for all service providers’ (including health services) to make reasonable adjustments to ensure:

- disabled people are not at a substantial disadvantage compared to non-disabled people when accessing our services for example patients with Dementia, or a hearing impairment or a vision impairment
- equal access to services by disabled people by way of the elimination of physical barriers in the built environment, which otherwise put them at a substantial disadvantage
- auxiliary aids are provided which enable the Trust to provide equity of services to disabled people

➢ The duty to make reasonable adjustments applies to all of us in the health service and failure to make reasonable adjustments regarding service provision, practice, the built environment or an auxiliary aid, is a failure to comply with the statutory duty

If the patient is known to have a Learning Disability (age 14 and above) contact the Learning Disability Liaison Nurses: Contact: Bev Farrar – 07825928091 or Carol Forbes – 07825927912

Please leave a message out of office hours and the team will get in touch as soon as possible
Office telephone - 08454224169

| Guidance in the care of patients with Learning Disabilities or with known Dementia |
| Communication |
| • Adapt your communication style to meet the needs of the individual |
| • If the patient requires auxiliary aids or additional support, utilise the hospital communication book and/or objects of reference |
| • Talk to the patient’s family or carer for more insight |
| • For the patient with a Learning Disability - Ask for the patient’s ‘traffic light assessment’ booklet – if there isn’t one, provide one for the patient / carer to complete – they are held in all OPDs, ACUs and ED |
| • For the Patient with Dementia - Ask for the patient’s 'This is me' Leaflet– if there isn’t one, provide one for the patient / carer to complete - they are held in all clinical areas or a copy can be found on the Trust Safeguarding Adult Intranet site |
| • Provide double/longer appointments |

| Capacity and consent – MCA 2005 |
| • Ascertain if the patient can understand, retain, weigh up and communicate their decisions |
| • If following assessment the patient lacks capacity, ‘best interest’ decisions may be made in consultation with those involved with the patient, such as family or carer. Serious decisions will need IMCA involvement if family or unpaid carers are not involved |
| • Follow the Trust’s Mental Capacity Policy |
| • For the patient with a Learning Disability contact a Learning Disability Liaison Nurse to help facilitate good communication |
Managing patients’ anxiety / behaviours

- Consider patient safety:
  - Is the patient safe on a hospital trolley?
  - Are there hazards close by? (e.g. medical equipment?)
  - Carry out the Trust’s patient specific Risk Assessment
  - Enable additional support
- Provide a quiet area to wait in
- Minimise the waiting time
- Allow the patient and their carer to leave the area and return at a given time or when contacted by mobile phone
- Adjust future appointment times to the start or end of the clinic
- Provide double/longer appointments
- Provide information in ‘easy read’ format to enhance the patient’s understanding
- If the patient is agitated, is the agitation a result of pain or discomfort?
- Consider if prescribing and administering a mild sedative for anxiety is appropriate

Pain assessment

- Find out how the patient expresses pain
- Document how the patient expresses pain
- Talk to the patient’s family or carer for further insight
- Use of the Abbey Pain Scale within the Out Patient Setting
- Contact a Learning Disability Liaison Nurse or member of the pain management team for provision of pain assessment tool
- Refer to the ‘traffic light assessment’ booklet or to the ‘This is me’ Leaflet

Engage with Carers

- Listen to information provided by carers
- If there is a long waiting time, periodically check that the patient and carer are settled
- Offer help and support when required
- Keep the patient and carer informed of any delays or changes in arrangements
- Refer to carer policy number A0059
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<td>VERSION</td>
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<tr>
<td>SPONSOR</td>
<td>Maggie Arnold</td>
</tr>
<tr>
<td>AUTHOR</td>
<td>Ewoud Vorstman / Lynne McEwan / Paediatric Department / Learning Disability Liaison Team (technical authoring support, Kym Ypres-Smith)</td>
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<tr>
<td>ISSUE DATE</td>
<td>April 2012</td>
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<tr>
<td>REVIEW DETAILS</td>
<td>April 2015 – review by Nurse Director / Lead Cancer Nurse</td>
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<tr>
<td>ASSURING GROUP</td>
<td>Learning Disability Liaison Group 27/02/12; Senior Nurse Committee 08/03/12; Safeguarding Adults Strategic Board</td>
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<td>COMPLIANCE INFORMATION</td>
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<td>CONSULTEES</td>
<td>Paediatric consultants, carer user involvement</td>
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<td>DISSEMINATION DETAILS</td>
<td>Upload to Policy Site; global email; cascaded via divisions and Paediatric Consultants meetings</td>
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<td>KEYWORDS</td>
<td>Paediatrics, care transition, learning disability</td>
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<tr>
<td>RELATED TRUST DOCUMENTS</td>
<td>Transition Pathway – Patient with a Learning Disability Paediatric – Adult Services; Adult Patient with a Learning Disability – Trust Process; Reasonable Adjustments Guidance Checklist; Reasonable Adjustments – a Guide for Reception Staff; Reasonable Adjustments – a Guide for Out Patient and Emergency Department Staff</td>
</tr>
<tr>
<td>OTHER RELEVANT DOCUMENTS</td>
<td>Safeguarding Children; Safeguarding Adults</td>
</tr>
<tr>
<td>ASSOCIATED LEGISLATION AND CODES OF PRACTICE</td>
<td></td>
</tr>
</tbody>
</table>
**EQUALITY IMPACT ASSESSMENT**

**INITIAL SCREENING**

<table>
<thead>
<tr>
<th>1. Lead Name:</th>
<th>Jon Burford</th>
</tr>
</thead>
<tbody>
<tr>
<td>Job Title:</td>
<td>Nurse Director / Lead Cancer Nurse</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>2. Is this a new or existing policy, service strategy, procedure or function?</th>
<th>New ✓</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Existing</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>3. Who is the policy/service strategy, procedure or function aimed at?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patients</td>
</tr>
<tr>
<td>Any other</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>4. Are any of the following groups adversely affected by this policy:</th>
<th>No</th>
<th>✓</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Disabled people:</td>
<td>No</td>
<td>✓</td>
<td>Yes</td>
</tr>
<tr>
<td>Race, ethnicity &amp; nationality:</td>
<td>No</td>
<td>✓</td>
<td>Yes</td>
</tr>
<tr>
<td>Male/Female/transgender:</td>
<td>No</td>
<td>✓</td>
<td>Yes</td>
</tr>
<tr>
<td>Age, young or older people:</td>
<td>No</td>
<td>✓</td>
<td>Yes</td>
</tr>
<tr>
<td>Sexual orientation:</td>
<td>No</td>
<td>✓</td>
<td>Yes</td>
</tr>
<tr>
<td>Religion, belief &amp; faith:</td>
<td>No</td>
<td>✓</td>
<td>Yes</td>
</tr>
</tbody>
</table>

If the answer is yes to any of these proceed to full assessment.

If the answer is no to all categories, the assessment is now complete.

<table>
<thead>
<tr>
<th>Date of assessment:</th>
<th>Completed by: Jon Burford</th>
</tr>
</thead>
<tbody>
<tr>
<td>Signature:</td>
<td>Job title: Nurse Director / Lead Cancer Nurse</td>
</tr>
<tr>
<td>Director:</td>
<td>Signature:</td>
</tr>
</tbody>
</table>

This EIA will be published on the Trust website. A completed EIA must accompany a new policy or a reviewed policy when it is confirmed by the relevant Trust Committee, Divisional Board, Trust Director or Trust Board. Executive Directors are responsible for ensuring that EIAs are completed in accordance with this procedure.