**Benchmarks of Best Practice Acute Care Liaison Service**

*(2018)*

**Introduction**

The Acute Care Liaison Service consists of a team of specialist learning disability nurses who support adults with learning disabilities throughout their hospital stay. The acute care liaison nurses are based in local hospitals and work closely with hospital staff and clinicians to ensure that a visit or stay in hospital is as stress-free as possible for a individual with learning disabilities. They also offer advice and support to people with a learning disability entering an acute care setting, their carers and families, and also to general hospital staff.

This document contains benchmarks of best practice with regards to the Acute Care Liaison Service. Each factor contains a patient-focused benchmark of **best practice** which can be seen on the far right of the continuum. It also contains a continuum between poor practice and best practice for that particular benchmark, guiding the service towards best practice. The factors also consist of several indicators which can be implemented to support the attainment of best practice by the service for each particular benchmark factor. This based on national research and “The Learning Disability Improvement Standards for NHS Trusts, June 2018.” The best practice benchmark factors can be seen below:

**Best Practice Benchmarking Factors**

***Factor 1* –** Training and Guidance for Hospital Staff………………………………..........page **2**

***Factor 2 –*** Admission………………………………………………………………………………………page **4**

***Factor 3 –*** Support During Hospital Visit/Stay…………………………………………………page **6**

***Factor 4* –** Discharge………………….…………………………………………………………………..page **8**

***Factor 5* –** Multi-Disciplinary Working…………………………………………………………….page **9**

***Factor 6*** – Advocacy……………………………………………………………….………………………page **12**

***Factor 7* –** ServiceEvaluation………………………………………………………………….……..page **13**

***Factor 1:***

**Training and Guidance for Hospital Staff**

**BEST PRACTICE**

*All hospital staff are provided with in-depth learning disabilities training and have continuous guidance and support from the acute care liaison nurses.*

POOR PRACTICE

*Hospital staff are not provided with any training or guidance with regards to people with learning disabilities.*

*Indicators of Best Practice*

The following indicators support best practice for providing training and guidance to general hospital staff with regards to people with learning disabilities, and show how this factor can be fulfilled:

1. Provide Learning Disability Awareness training to all new hospital staff to enhance an overall understanding of learning disabilities and to improve the relationship between patient and practitioner.
   * Each hospital to hold Learning Disabilities Awareness training sessions as frequently as the different hospitals will allow.
     1. Raise the confidence of hospital staff in working with people with learning disabilities.
     2. Cover topics such as communication, autism, epilepsy, health issues associated with learning disabilities, supporting people with challenging needs, safeguarding, human rights, mental capacity and best interests. etc.
     3. Highlight best/poor practice when working with people with learning disabilities.
   * Recommend and deliver additional/extended training to wards/departments if necessary.
   * Provide training and training resoruces to all health care professionals and front line staff (Including but not limited to Outpatients) Also providing bespoke training to departments as requested.
   * Offer Learning Disability specific LD Champion training to all health care professionals and front line staff
   * We have revised our training package against the Healh Skills tool and will be creating an update training package for those who have already attended induction training sessions
2. Provide daily guidance, support and advice to all staff with regards to learning disabilities.

* Make hospital staff aware of the role of an Acute Liaison Learning Disabilities Nurse and what assistance can be offered.
  + Distribute posters outlining the role and any contact information.
  + Keep the Learning Disability Resources up to date in each ward/department/ electronically, to assist hospital staff in the absence of their acute liaison nurse.
  + Provide guidance in areas such as best interest, consent, advocacy, DNAR, etc.
  + Educating and training student nurse and Nursing Associates

1. Recruit and train Learning Disability Champions.
   * Provide intensive training for Learning Disability Champions and ensure that there is at least one champion in each department/ward, where possible.
   * Topics to be agreed at the last champion meeting in advance of following year’s intake.
   * Terms of reference to be used by acute liaison nurses for LD champions
   * Revise terms of reference for LD Champions
   * Create an information leaflet for potential LD champions with what would be expected of them
2. Advise on statutory requirements and their application.
   * Ensure clinicians are making appropriation considerations relating to all legal obligations when working with people who use services. For example, Mental Capacity Act, Deprivation of Liberty Safeguarding, Equality Act, LeDeR recommendations etc.
   * Follow safeguarding arrangements as per local policies to ensure that diagnostic overshadowing and value judgements about a individual’s quality of life do not detract from their care.
3. Notify hospital staff on reasonable adjustments and ensure that they are being implemented.
   * For example, modified communication, flexible appointment systems, modified triage assessments and ensuring due regard to the content of my care passports etc.
   * Refer carers and hospital staff to guidance for completion of ‘my care passports.
   * Share Reasonable Adjustment Template encourage health care professionals to use this
4. Promote the use of the *“Learning Disability Resource Pack”*, as well as the use of any other learning disability specific resources available, to ensure that people with learning disabilities have positive acute care experiences.
   * Raise awareness of the learning disability flag on the hospital flagging system.
   * Promote the use of the importance of the hospital care passport for people with learning disabilities (*My Care Passport*” document), and refer staff to guidance on completion.
   * Encourage the use of the *“Hospital Communication Book”* with people with learning disabilities if necessary to facilitate the communication of their needs.
   * Maintain and update current electronic resources within hospitals, to ensure easy access for clinicians/patients/carers at time of need.
   * Create a pack of information to share with patients and carers on admission – your views matters etc

***Factor 2:***

**Admission**

**BEST PRACTICE**

*People with learning disabilities, their families/carers and hospital staff are provided with the best guidance and support prior to and during the admission period.*

POOR PRACTICE

*People with learning disabilities, their families/carers and the hospital are not supported during admission into hospital.*

*Indicators of Best Practice*

The following indicators support best practice during hospital admission (including planned and emergency admissions, and outpatient appointments) with regards to people with learning disabilities:

1. Prepare the hospital for LD admissions.
   * Ensure that the individual is flagged on the hospital system as having a learning disability, other sensory impairments or physical disability.

* Discuss the needs of the individual with ward staff, as appropriate to ensure these can be appropriately met.
* Consider reasonable adjustments with ward staff to promote equal access to mainstream services.
* Advise/guide hospital staff on decision making, consent, best interest and other matters realting to capacity with regards to the individual being admitted.
* Sending Easy Read information in advance of investigations and procedures.
* Advise hospital staff on Easy Read for Outpatients appointments where available

1. Prepare the individual for admission.
   * Clarify role and responsibilities with the individual and their carers, and CTPLD
   * Ensure that the individual with learning disabilities is fully aware of the reasons why they are attending hospital and that they are made aware of their admission date as far in advance as possible where appropriate.
     1. Distribute easy read information leaflets and letters.
     2. Invite in for Desentisiation work where appropriate
2. Ensure reasonable adjustment needs are assessed/ implemented.
   * Reasonable adjustments to be recorded within ‘my care passport and the Reasonable Adjustment template
   * With regards to emergency admissions, reasonable adjustment requirements need to be assessed as soon as possible.
     1. Reasonable adjustments could include a quiet waiting area in A&E to minimise distress, or fast tracking the individual if deemed appropriate by the admitting doctor/triage nurse.
     2. To advise on carers responsibilities whilst attending A&E
   * Where an individual has difficulty in accessing the acute setting sedation may be considered.
   * Reasonable adjustments should be proiortised for any risks identified on attendance or admission
3. Ensure that the individual has a *“My Care Passport”*.
   * This can be given to the individual with learning disabilities to complete with the assistance of their family/carer prior to their hospital admission, or during or after discharge
   * If the individual does not have a hospital care passport on admission, request that one be completed by the individual with learning disabilities with the assistance of carers/hospital/ward staff using liaison team guidance.
     1. Acute liaison nurse to assist in completion if necessary.
   * Emphasise the importance of the hospital care passport and make sure that staff are reading them.
   * Add hospital passport electronically where possibly
   * Liaise with clinicians or LD lisiaon pediatric nurses to promote hospital passports in schools
   * To ensure there is a checklist of care plans ie: SLT plans shared with hospital (Placemats)

***Factor 3:***

**Support During Hospital Stay/Visit**

**BEST PRACTICE**

*People with learning disabilities are offered consistent, individual-cantered support through their entire hospital stay/visit.*

POOR PRACTICE

*People with learning disabilities are not offered individual-centred support throughout their hospital stay/visit.*

*Indicators of Best Practice*

The following indicators support best practice during an individual with learning disabilities’ hospital stay/visit:

1. Identify individuals with learning disabilities in hospital, who have not initially been brought to the attention of the acute liaison service.
   * Check SystmOne to see if they are known to the Community Team for People with Learning Disabilities (CTPLD), and if so inform them of the individuals’ admission.
   * If individual is open to CTPLD a discussion is required as to agreed roles and input required.
   * Assess the individuals’ needs and provide advice to hospital staff from these assessments.
2. Keep the individual with learning disabilities and their family or carers as up to date as possible throughout their entire stay/visit.
   * Support hospital staff to appropriately carry out the following where required;
3. Explain procedures, medication, changes in condition or treatment, and check that both the patient and the family or carers understand the information and have the opportunity to ask questions.
   * Ensure to use information in a format that is accessible to the individual with learning disabilities and support them in understanding the information.
   * Assist the individual with learning disabilities in communicating their wishes and needs to hospital staff.
4. Encourage Reassessment of risk, dependency and support needs whenever it is indicated that the patient may require more or less additional support.
   * Promote the use of the Learning Disability Risk Assessment Tool by hospital staff.
   * Liaise with carers and clinicians to assess risk, support needs to identify what additional support may be required.
     1. This should include paid care staff familiar to the individual supporting them in hospital throughout their stay.
     2. Agree responsibilities of support staff and clinicians when additional support it is agreed using carers guidance.
5. Provide support for hospital staff.
   * Assist hospital staff with any queries or concerns that they may have with regards to the individual with learning disabilities.
   * Upskill mainstream staff to promote equal access to health care and enhance Learning Disabilities Awareness.
6. Ensure any recommendations made by acute liaison nurse are being implemented.
   * For example, have any additional assessments or appointments been booked pre-/post-discharge?
   * In cases where the need has changed liaison nurse to review their initial recommendations with clinicians and change accordingly.

***Factor 4:***

**Discharge**

**BEST PRACTICE**

*People with learning disabilities and their families/carers are fully supported during and post-discharge from hospital.*

POOR PRACTICE

*Discharge from hospital is unplanned and not followed up.*

*Indicators of Best Practice*

The following indicators support best practice during an individual with learning disabilities’ hospital stay/visit:

1. Facilitate, advise and attend discharge planning meetings as appropriate.
   * Make sure any family and carers and relevant others are included, wherever possible.
   * Discharge planning should begin when appropriate.
   * Ensure that all aspects of the individual’s care are discussed and that an action plan is put into place in order to meet the needs of the individual at the point of discharge.

Support clinicians to check what kind of support the patient gets at home and address whether this needs to be amended either in the short-term during recovery, or on a long-term basis.

* + Include the CTPLD in discharge planning where appropriate. Discuss potential referral to CTPLD to appropriate clinician where possible

1. Ensure clinicians are informing the individual and their family/carers of any requirements following the patient’s hospital stay.
   * For example, what they should or should not do after being discharged from hospital.
   * Make sure that everyone is aware of any possible side-effects of new medication and to confirm what to do if any complications should arise.
   * Invite the patient and their family/carers to give feedback on their experience in hospital via Your Views Matter
   * Ensure clinicians share discharge summary with the individual and their carers as appropriate, along with a copy being sent to GP. Where appropriate be involved in creating contingency plans for future access of health services
2. Ensure that follow-up procedures are put in place and implemented post-discharge.
   * Check with any clinicians that any future appointments/assessments have been made if necessary and if not for this to be rectified.
   * Remain in contact with the patient and their family/carers post-discharge only if necessary, to offer further advice.

***Factor 5:***

**Multi-Disciplinary Working**

**BEST PRACTICE**

*Acute Care Liaison Nurses ensure that everyone is involved when making a decision about the hospital care of a individual with learning disabilities, including the individual and their family/carers.*

POOR PRACTICE

*Acute Care Liaison Nurses do not involve anyone else in making decisions about a patient with learning disabilities’ care in hospital, including the individual themselves.*

*Indicators of Best Practice*

The following indicators support best practice for multi-disciplinary working within an acute care setting ensuring the best possible service outcomes for people with learning disabilities. The below showing how this factor can be implemented:

1. Work closely alongside all staff within hospital wards/departments.
   * This includes nurses, doctors, health care assistant, and all front line staff. If appropriate
   * Ensure that hospital staff are including the individual with learning disabilities and their family/carers in all medical/treatment decisions that are being made about them.
2. Acquire any additional information about the patient with learning disabilities from their family, carers, and any other services involved in the individuals care
   * Ensure clinicians keep all parties updated with regards to the patient whilst they are in hospital.
3. Ensure that admission and discharge planning are completed in a multi-disciplinary manner.
4. Work closely with the Primary Care Liaison Service.
   * This would ensure a smooth transition between GP/Primary services and hospital admission/treatment.
     1. Ensure that the Primary Care Liaison Service is promoted to the individual with learning disabilities, their families/carers and their service providers before the individual before they leave hospital.
     2. Work with the Primary Care Liaison Service to promote that people with learning disabilities are supported to complete “*My Care Passport”* before entering into acute care.
     3. Share information with the Primary Care Liaison Service regarding the individual with learning disabilities and work together to create one integrated care plan for that individual.
     4. Regularly maintain contact with the Primary Care Liaison Service and offer support/advice whenever necessary.
     5. Notify the Primary Care Liaison Service of any upcoming discharges which may require their assistance in the foreseeable future.
5. Engage with local CTPLD to promote multi-disciplinary working.
   * Integrate into CTPLD by attending their team/business meetings when appropriate.
   * Encourage referrals to the Liaison Service.
   * Liaise with CTPLD with regards to specialist learning disability support required post-discharge.
6. Ensure acute hospital staff are engaging with social services, advocacy services, and any additional services which may have an impact on the individual with learning disabilities, as appropriate.
   * Continue promotion of upskilling mainstream staff by encouraging clinicians to liaise with above services directly/ make referrals.
   * Contact with above services should only be carried out by liaison nurses in relation to safeguarding concerns.

***Factor 6:***

**Advocacy**

POOR PRACTICE

*People with learning disabilities have no one to act as an advocate for them when they are unable to do so.*

**BEST PRACTICE**

*The Acute Care Liaison Nurses act as advocates for people with learning disabilities to raise awareness of any inequalities that may occur in a primary care setting.*

*Indicators of Best Practice*

The following indicators support best practice for acting as an advocate for people with learning disabilities:

1. Attend broader health meetings to promote learning disability awareness.
   * Ensure to explain the inequalities in health care that people with learning disabilities have to face.
   * Promote the Acute Care Liaison Service and offer assistance wherever needed.
   * Discuss any points raised by people with learning disabilities and/or their families/carers.
   * Discuss outcomes of LeDer reviews
2. Offer training/educational information to assist acute care services in better understanding the needs of people with learning disabilities.
3. Attend appropriate internal and external events to promote the service and educate as many people as possible, with regards to learning disabilities.
4. Encourage involvement in Learning Disability Awareness Week to raise learning disability awareness.
   * Promote involvement as much as possible to hospital staff, and also invite members of the community to attend any awareness events.
5. Promote use of Advocacy/ IMCA services with clinicians, as appropriate.

***Factor 7:***

**Service Evaluation**

**BEST PRACTICE**

*The Acute Care Liaison Service is constantly being evaluated by the people they support to ensure service enhancement.*

POOR PRACTICE

*The Acute Care Liaison Service does not ask for feedback from people using the service, and does not take into account any feedback that they do receive.*

*Indicators of Best Practice*

The following indicators support best practice for the evaluation of the Acute Care Liaison Service:

1. Gain feedback from people with learning disabilities who have used the service.
   * Supply evaluation forms in accessible formats.
   * Encourage use of ‘your views matters’ on iPhone and in paper format.
2. Attain feedback from hospital staff regarding the assistance of their Acute Care Liaison Nurse where there is identified good practice learning
   * Evaluate the service through questionnaire feedback via the post, telephone contact, email etc.
3. Ask for feedback from service providers/carers/families that use/have used the Acute Care Liaison Service.
   * Evaluate the service through questionnaire feedback via the post, telephone contact, email, your views matter
4. Evaluate the service taking into account the views of people who have used/are using the service.
   * Work to constantly improve the service that is provided to people with learning disabilities, their service providers/carers/families, and the hospital that they access.
   * Be transparent about what service does and why, be open to challenge.
   * Record appropriate information for quality standards as required by clinical commissioning group.
5. Provide information of complaints/ compliments procedure where required.
   * Ensure that any complaints/ compliments are dealt with in a professional manner.
   * Inform manager of any direct complaints as soon as possible.
   * Log compliments and complaints using Trust/ hospital recording systems.
   * Follow the local complaints process (e.g. through the Patient Advice and Liaison Service (PALS)).
6. Conduct peer reviews as a form of service evaluation.
   * This could involve staff in the learning disability field who are based elsewhere in the Trust, or from other trusts.
   * Use the peer review feedback to assist in enhancing the Acute Care Liaison Service.
   * Involve individuals with learning disabilities in review process.