

## Report & Recommendation Response Form

Report sent to	King's College Hospital NHS Foundation Trust
Date sent	24 <sup>th</sup> May 2024
Report title	Empowering Voices: Examining Healthcare Access for Adults with Learning Disabilities and Autistic Adults in Southwark
	Response (If there is a nil response please provide an explanation for this within the statutory 20 days)
Date of response provided Please outline your general response to the report including what you are currently doing to address some of the issues identified.	21st June 2024 Healthwatch Southwark's report has allowed us to consider what King's College Hospital NHS Foundation Trust is currently doing to improve the accessibility of healthcare services for adults with a learning disability and autistic adults in Southwark.
	The Trust employs a named nurse for learning disabilities who works in close partnership with our safeguarding adults service. In addition, we have clinical nurse specialist who works with our children's safeguarding team. Both of these accept referrals from across the entire organisation for any patient with a learning disability. We routinely utilize the NHSE Diagnostic tool embedded into our patient records system, EPIC, that allows us to proactively locate persons with a learning disability/autism who are either admitted, within our emergency department or receiving care/treatment as an outpatient.
	This allows us to provide specialist input into patients' care to reduce feelings of fear and anxiety towards healthcare services, but to also offer more comprehensive review and assessment in person when patients attend.
	Our electronic learning platform, LEAP, has added the Oliver McGowan Training programme into its current curriculum. We are continuing to work with stakeholders to support the full mobilisation of this vital educational programme. Once fully embedded, this will be a mandatory training programme for all clinical staff. Those responsible for more direct care will be expected to undertake more interactive sessions, including spending time with experts by experience.
	We currently have a dedicated section within our mandatory safeguarding training that focuses on the experiences of persons with a learning disability/autism that allows attendees



to consider their own values and understanding of these diagnoses.

Our mandatory educational programmes are complemented by a weekly SPRINT service - that offers bespoke topical educational content in a bite sized format that is delivered across the trust. Learning Disability educational content is routinely delivered as part of SPRINT.

Our safeguarding services have excellent stakeholder relations with colleagues in adult social care, we maintain regular dialogue throughout the year with colleagues leading learning disability services in Southwark.

Our Hospital Charity has provided us with a financial hardship grant that allows for patients to access funds to support with reasonable adjustment requirements - in the last year, we have been able to purchase iPads to promote stimulation and reduce boredom when attending treatment such as dialysis and sensory aids to reduce anxiety when admitted onto wards. The funds have also been used to address wider financial challenges attributed to accessing healthcare such as purchasing hotels for relatives to stay in when a family member requires a specific treatment that requires a short-term admission.

We recognise the continued inequity in respect of the mortality rates of adults with a learning disability. We have therefore embedded a methodology for undertaking audits of all deaths of a person with a learning disability. This approach was initiated to enhance our engagement with the NHS LeDeR programme.

When considering the complexity of treatment for some persons living with learning disability/autism, we have a number of dedicated social workers embedded within clinical specialities. These staff undertaken psychosocial assessments to not only enhance the understanding of the MDT on the person receiving treatment, but to also deliver interventions that promote health outcomes and reduce overall health inequalities.

This model is enhanced by our senior clinical vulnerabilities service - we implemented a senior MDT across the trust that allows all clinical areas to receive rapid input into a patients care and the service since implementation has benefited many individuals diagnosed with a learning disability/autism.



	Please outline what <u>actions</u> and/or improvements you will undertake <u>as a result of the report's findings and</u> <u>recommendations</u> . If not applicable, please state this and provide a brief explanation of the reasons.
Recommendation 1	Training. Provide training about learning disabilities and autism to all patient-facing staff delivering healthcare services.
	We will support compliance with Oliver McGowan training implementation over the next 3 years.
	We will continue with the delivery of level 3 adult safeguarding training that includes content on learning disabilities and autism and aim to be 90% compliant as an organisation in the next 2 years.
	We will devise SPRINT sessions (bite-size teaching opportunities) that focus exclusively on autism and deliver content to enhance organisational understanding on neurodiversity.
Recommendation 2	Sharing Information. Facilitate and promote sharing information about services and support available for adults with learning disabilities and autistic adults. This should include voluntary and community sector support, and adult social care.
	We will create a methodology that promotes the implementation of findings from LeDeR and implement the key learning points within our Trust-wide Vulnerable Patients Assurance Committee
	We will continue to deliver our enhanced local review of learning disability deaths and deliver the feedback at the trustwide mortality review forum
	We aim to deliver our vulnerabilities model with a new assessment framework for the most vulnerable patients that considers how we can disseminate information about services and support available in the community for adults with a learning disability and autistic adults.
	We will enhance existing psychosocial services with literature that reflects up-to date voluntary and community sector support via the form of a local 'offer' that can be provided to adults with a learning disability and autistic adults as part of



	their routine healthcare treatment. We aim to have this created in the next 12 months
Recommendation 3	Communication. Healthcare services should audit and improve the accessibility of their communications with service users and carers.
	We commit to direct engagement with patients, carers and families with a learning disability and to review existing membership of patient engagement groups to ensure we are representative of the diverse communities that we serve.
	We will establish quarterly learning disability information sharing sessions with adult social care providers to enhance our understanding of the latest developments within the sector.
	We will explore the membership of our vulnerable patients assurance committee and the need for stakeholders with lived experience.
	We will invite individuals with communication needs to review service design and update existing policies relating to safeguarding of persons with learning disabilities based on feedback from those with lived experience.
	We will re-tender our translation and interpreting contract to ensure that we provide high-quality consistent support to our patients and communities.
	We will continue to promote MyChart, patient-facing component of our clinical records system, Epic, to ensure that our patients have instantaneous access to information about their health and care and communicate with our clinical teams in new ways.
Recommendation 4	Operational Issues. Implement measures to deliver a consistent standard of care across healthcare services that adheres to the Accessible Information Act 2016.
	We will undertake an annual audit of learning disability referrals received across both adult's and children's teams to assess the operational quality of our services. The identification of key themes, learning opportunities, examples of person centred practice and improved health outcomes will be shared in our trust-wide vulnerable patient's assurance committee.
	We will work in collaboration with our experts from King's Equality Diversity and Inclusion networks to ensure that an



Signed	intersectional perspective is considered as part of the work undertaken in the promotion of reasonable adjustments. We will aim to create specific content that relates exclusively to the challenges faced by individuals from ethnic minority backgrounds who have a learning disability and/or autism to reduce the likelihood of additional problems such as language barriers, cultural insensitivity and racial discrimination. The progress of this work will be monitored by our vulnerable patients assurance committee.  We will undertake a programme of work to enhance our compliance with the Accessible Information Standards.
Name	Tracey Carter
Position	Chief Nurse and Executive Director of Midwifery