



# Performance against the learning disability improvement standards

Findings from the Year 5 National  
Benchmarking exercise 2021/22

December 2023

**DRAFT REPORT AWAITING REVIEW**



# Contents

1. Introduction .....	4
2. The learning disabilities improvement standards project.....	6
Data collection .....	6
Data validation, analysis and reporting .....	6
Participation .....	7
3. Key Findings .....	8
<b>Standard 1:</b> Respecting and protecting rights.....	12
<b>Standard 2:</b> Inclusion and engagement .....	15
<b>Standard 3:</b> Workforce .....	18
<b>Standard 4:</b> Specialist learning disabilities services.....	20



# Learning Disability Year 5 Improvement Standards

## Key findings at a glance



200  
Trusts  
registered



185  
organisations  
submitted data



7,266 staff  
surveys  
submitted



2,437 service  
user surveys  
submitted



### Organisational Survey

69%

of NHS trusts are able to identify people with a learning disability and/or autistic people who are waiting for assessment/treatment.



92%

of NHS trusts provide staff with up-to-date learning disability/autism awareness training.



92%

of NHS trusts providing specialist services, include crisis support as part of their intensive community services.



### Staff Survey

71%

of staff agreed they could identify reasonable adjustments needed by people with a learning disability and/or autistic people.



76%

of staff felt people with a learning disability and/or autistic people were always treated with dignity and respect.



67%

of staff said they received mandatory training on meeting the needs of people with a learning disability and/or autistic people.



### Service User Survey

91%

of people with a learning disability felt NHS staff treated them with respect.



79%

of people with a learning disability felt staff explained things to them in a way they could understand.



76%

of people with a learning disability felt their appointments/meetings were arranged at times of day and durations to suit them.



# 1. Introduction

The over 1.2 million people in England with a learning disability and 200,000 autistic people should be able to expect high quality, personalised and safe care when they use the NHS. Unfortunately, they have sometimes experienced poorer access to healthcare and outcomes than the general population. The [NHS Long Term Plan](#) commits the NHS to ensuring all people with a learning disability and autistic people can live happier, healthier, longer lives.

In June 2018, NHS Improvement launched the [national learning disability improvement standards](#) for NHS trusts. These were designed with people with a learning disability, autistic people, carers, family members and healthcare professionals, to drive improvements in patient experience and equity of care.

The four improvement standards against which trust performance is measured cover:

- **Respecting and protecting the rights** of people with a learning disability and autistic people who use NHS trust services.
- **Including and engaging people** as partners in their own care, as well as in the review and design of services!
- Taking action on known **workforce** challenges
- Improving outcomes and experiences when people use **specialist learning disability and/or autism services**.

The first three 'universal standards' apply to all NHS trusts, whilst the fourth 'specialist standard' applies specifically to those trusts that provide services, commissioned exclusively for people with a learning disability and/or autistic people.

A trust's compliance with these standards demonstrates it has the right structures, processes, workforce and skills to deliver the outcomes that people with a learning disability, autistic people, their families and carers expect and deserve, as well as a commitment to sustainable quality improvement in their service and pathways for this group. NHS England expects trusts to publish details of their performance against these improvement standards in their annual quality accounts, and to demonstrate a sustainable improvement in their quality of services. Each of the four standards has a set of improvement measures that trusts are expected to adopt.

This report presents a national overview of findings from the fifth collection of data on NHS trusts' performance against the four improvement standards, for 2022. The three-pronged approach of organisational, staff and patient information collection provides a holistic view of the workforce, activity, service models and quality of services provided to people with a learning disability and autistic people.



In order to assist NHS trusts to recognise what they do well and to create local plans, where more improvement is needed, all participants receive bespoke reports giving an overview of their compliance with the standards. To further assist with local planning, they also have access to more detailed analyses of their data through the NHS Benchmarking Network's (NHSBN) [online toolkit](#).

NHS England and the NHS Benchmarking Network express their gratitude to everyone who provided data for this collection and helped validate their positions in the draft findings.

If you have any questions about this report or would like to be involved in shaping the data collection, please contact the NHS Benchmarking Network support team at [nhsbn.nhsidsupport@nhs.net](mailto:nhsbn.nhsidsupport@nhs.net).



## 2. The learning disabilities improvement standards project

Each year the project gathers information from providers on their compliance with the improvement standards and anonymously surveys people with a learning disability and the staff who have supported them. This exercise runs alongside NHSBN's core learning disabilities project that has collected data on NHS specialist learning disability services for the past nine years.

The data reported in this report includes annual trust activity data for 2021/22, as well as census positions and statements concerning systems and processes, at March 31<sup>st</sup> 2022. The data collection was launched in November 2022 and closed in January 2023, during which time the experiences of staff and people with a learning disability who had used services over the preceding year, were anonymously surveyed. It should be noted that activity data, position statements and surveys, all reflect post COVID-19 pandemic activity.

### Data collection

Trusts were given three months to collect and submit the required activity data (for 2020/21). Trusts could assign multiple staff members to input data through NHSBN's data collection portal, and NHSBN provided participants with an Excel spreadsheet of the required metrics, to make data collection as easy as possible.

NHSBN provided trusts with information governance and GDPR compliance guidance on identifying and inviting people with a learning disability or autistic people, and staff to complete their respective surveys. Trusts were asked to identify up to 100 members of staff who had supported patients with a learning disability or autistic people and up to 100 users of their services.

Staff surveys were completed online, with each trust given a unique URL link that allowed 100 staff members to submit answers anonymously. Patient surveys were collected through a multiple-choice paper survey and returned anonymously to a third- party provider (Restore Digital) in a freepost envelope.

### Data validation, analysis and reporting

The data collected was validated and analysed by NHSBN and was released in a draft interactive online toolkit to participants in March 2023, which could be used by trusts to review submissions, and resubmit any erroneous data.



## Participation

A total of 200 organizations from across England registered to participate in the Year 5 Learning Disability Improvement Standards collection, of which 53 provided specialist services, commissioned just for people with a learning disability or autistic people.

Of those who registered:

- **185** completed the organisational-level data collection
- **169** surveyed their staff, returning **7,266** completed surveys
- **163** surveyed their service users, returning **2,437** completed surveys.

Organisation type	Number
<i>Acute (hospital) trust</i>	132
<i>Community health trust</i>	16
<i>Mental health trust</i>	47
<i>Ambulance trust</i>	3
<i>Community Interest Company</i>	2



# 3. Key Findings

In considering the data presented in this report and if seeking to make comparisons with preceding years, it is important to recognise that the two preceding data collections both represented activity during the unprecedented pressures of delivering services during the COVID-19 pandemic. The current data represents activity during the post-pandemic recovery period.

The continued use of a three-pronged approach of organisational level, staff level and service user level data collection allows an analysis of how trusts are performing against the national learning disability improvement standards. As this is the fifth national data collection, the overall direction in how services are responding to the challenge of meeting the learning disability improvement standards can be considered.

High numbers of respondents to patient surveys continue to report being treated with respect, that they felt safe and would recommend the service they received to a friend or family member. Organisational level data provides mixed picture of recovery from pandemic pressures in NHS trusts. Whereas round 4 analyses showed that mental health and community health trust service delivery to people with a learning disability were perhaps the most challenged, these trusts show signs of recovering more quickly, with a swifter resumption of key reasonable adjustments routinely being available. Acute (hospital) trusts appear somewhat more challenged, with some struggling to reinstate reasonable adjustments that were readily available pre-pandemic. None the less progress has been made in a number of areas.

Key areas of progress in meeting the improvement standards are summarised below.

## Acute hospital trusts

Acute hospital trusts reported significant progress in reducing numbers of people with a learning disability, post-pandemic, who were awaiting a first appointment. More trusts also now have arrangements in place, which require their staff to maintain intermittent contact with people subject to waiting lists, in order to provide reassurance and check whether people's clinical presentation and needs have changed.

There were increases in the overall numbers of registered learning disability nurses employed in acute hospital trusts and in the provision of acute learning disability liaison services.

Increases were also noted in the numbers of trusts who now have the capacity to flag autistic people who do not have a learning disability; and who have a clear policy position noting the need for all autistic people to receive reasonable adjustments.

Reductions in emergency readmission rates were reported for people with a



learning disability; and there was an increased availability of the flexible use of domiciliary visits, as an alternative to outpatient clinic appointments.

There was increased provision for people with a learning disability and autistic people, or family carers, to hold a position on trust councils, boards or subcommittees; and a higher proportion of trusts reported on their performance against the standards, in their annual Quality Accounts.

Examples of improvements made in response to the previous year's benchmarking exercise included: the introduction of dashboards, which allow regular comparisons of activity and outcome data for people with a learning disability, with that of the general population; post discharge support to reduce readmissions and promote adherence to discharge recommendations; and the provision of work placements for people with a learning disability and autistic people, as part of a scheme to support people into paid employment.

## Mental health trusts

Across participating mental health trusts, people with a learning disability accounted for a lower proportion of overall occupied bed days, than in previous years; and conversely an increase was noted in the increased use of outpatient clinics appointments. Complaints about the care and treatment of people with a learning disability and autistic people reduced; and patients who were surveyed, reported having had fewer concerns.

Emergency / unplanned readmissions reduced, as did the numbers of people with a learning disability awaiting a first appointment. In keeping with this, more trusts also ensured staff maintain intermittent contact with people on waiting lists.

Improvements were noted in the proportion of mental health trusts able to flag autism in people's electronic patient records, regardless of whether people also have a learning disability. This is supported by a further increase in the numbers of trusts with a clear policy requiring reasonable adjustments to be available for all autistic people.

Trusts had returned to, or surpassed, the pre-pandemic availability of a range of key reasonable adjustments including the use of domiciliary visits as an alternative to outpatient attendances; use of accessible appointment letters; and the provision of low stimulus waiting areas.

There was increased involvement of people with lived experience in checking the quality of services and developing improvement plans. Greater numbers of staff had accessed learning disability awareness training; and there was greater involvement of people with lived experience in delivering induction training.

Increased numbers of trusts reported on performance against the standards in their Quality Accounts. Examples of improvements in response to participation in previous benchmarking included: recruitment of people with lived experience in patient experience / engagement roles; changes to staff induction programmes; and improved post diagnostic support for autistic people.



## Community health trusts

An increased proportion of staff surveyed, expressed confidence that people using community health trust services always received the reasonable adjustments they needed; and trusts reported increased provision for flexible appointment times and durations; and in the use of accessible appointment letters.

Complaints concerning the care and treatment of people with a learning disability reduced; and when surveyed, fewer people reported having had concerns when they used services.

Levels of identification of people with a learning disability in electronic records are very much in keeping with the numbers of people similarly identified to primary care services; and community health trusts have increased their capacity to 'flag' within electronic records where a person is autistic and may have associated needs, to assist services to engage with them.

High levels of community health trusts reported having active improvement plans in response to participating previous rounds of benchmarking. Examples of improvements already made included increased use of accessible resources concerning services and treatments; and initiatives to promote greater adherence to the requirements of the Mental Capacity Act.

## Specialist services

Specialist services, just for people with a learning disability or autistic people, largely comprise specialist clinical community teams e.g. intensive support teams and community forensic support teams; and various types of inpatient service, such as secure wards and assessment and treatment units. The majority of such services are provided by mental health trusts, with some also being provided by community health trusts and one acute hospital trust, providing a community team for people with a learning disability.

Increased numbers of trusts providing specialist services reported having policies to protect people from the inappropriate use of antipsychotic medication and having undertaken related audits.

More trusts now provide accessible information about people's rights in relation to restrictive practices and what people should do if they feel these have been used unfairly.

All trusts providing specialist inpatient services now report having restraint reduction programmes/policies. Increasingly these are being reviewed at least annually, with greater numbers of trusts now routinely involving people with lived experience in reviewing policies.

Amongst trusts publishing annual reports on restraint reduction, increased numbers provided full details of all restraint techniques used and how often they were used. Fewer individuals were reported to have been subjected to physical restraint and there had been less episodes of seclusion.



## Learning Disability Improvement Standards

The following section summarises for each of the improvement standards, a selection of headline indicators of good performance, as well as those areas where further improvement is required. This provides a national overview of services delivered to people with a learning disability and autistic people, and their compliance with the improvement standards. Individual NHS trusts and other organisations who participated in the benchmarking exercise have all received bespoke individualised reports to help them understand their particular improvement needs and develop local improvement plans.

More detailed data from the organisational level, staff and service user surveys can be found on the online interactive toolkit in NHSBN's Members' Area. If you require a log in, please get in touch with the support team at [nhsbn.nhsildsupport@nhs.net](mailto:nhsbn.nhsildsupport@nhs.net)



## Standard 1: Respecting and protecting rights

All trusts must ensure that they meet their Equality Act Duties to people with a learning disability, autism or both, and that the wider human rights of these people are respected and protected, as required by the Human Rights Act.

To perform well against Standard 1, trusts must be able to demonstrate that reasonable adjustments to their pathways of care have been made for individuals with a learning disability and autistic people. Additionally, trusts must have robust mechanisms to identify and flag patients with a learning disability and autistic people; vigilantly monitor restrictions or deprivations of liberty; and promote anti-discriminatory practice in relation to people with learning disability, autism or both.

**Table 1: Summary of performance against the Standard 1**

Improvement measure	Performance against indicators of a good service	Indicators of areas for improvement
Trusts must demonstrate they have made reasonable adjustments to care pathways to ensure people with a learning disability, autism or both can access highly personalised care and achieve equality of outcomes.	<p><b>77%</b> of acute hospital trusts and <b>50%</b> of mental health trusts said they had triage processes which prioritise people with a learning disability and autistic people.</p> <p><b>85%</b> of people using acute hospital trusts, <b>87%</b> using community health trusts and <b>91%</b> using mental health trusts said they felt safe when they received care from the trust.</p> <p><b>85%</b> of people using mental health trusts reported staff listened to them, compared with <b>80%</b> in community health trusts and <b>79%</b> in acute (hospital) trusts.</p>	<b>54%</b> of staff in acute (hospital) trusts services did not agree that they had the necessary resources to meet the needs of people with a learning disability and autistic people.



Improvement measure	Performance against indicators of a good service	Indicators of areas for improvement
(cont'd)	<b>57%</b> of staff in community trusts and <b>62%</b> in mental health trusts felt they had the necessary resources to meet the needs of people with a learning disability and/or autism.	
Trusts must have mechanisms to identify and flag patients with a learning disability, autism or both from the point of admission through to discharge; and where appropriate, share this information as people move through departments and between services.	Community health trusts identified a median average of <b>0.7%</b> of people with an EPR as having a learning disability. <b>76%</b> of acute (hospital) and <b>62%</b> of community health trusts were able to flag and identify autistic people, who do not also have a learning disability but who may similarly require reasonable adjustments. <b>82%</b> of all trusts indicated that they could disaggregate outcome data for people with a learning disability who use their services.	Acute (hospital) trusts identified a median average of <b>0.2%</b> of people on the EPR as having a learning disability. This was lower than the proportion registered as having a learning disability in primary care (0.5%). <sup>1</sup>
Trusts must have processes to investigate the death of a person with a learning disability, autism or both while using their services, and to learn lessons from the findings of these investigations.	<b>90%</b> of acute hospital trusts, <b>92%</b> of community health and <b>100%</b> of mental health trusts were represented on their local Learning Disability Mortality Review Programme (LeDeR) steering group. <b>57%</b> of staff in mental health trusts agreed that when a person with a learning disability or an autistic person dies, the findings from the trust investigation were shared with staff members.	<b>63%</b> of staff in community health trusts and <b>64%</b> in acute (hospital) trusts did not agree that when a person with a learning disability or an autistic person dies, the findings from the trust investigation were shared with staff members.

<sup>1</sup> NHS Digital Quality and Outcomes Framework 2020-21. <https://digital.nhs.uk/data-and-information/publications/statistical/quality-and-outcomes-framework-achievement-prevalence-and-exceptions-data/2020-21>



Improvement measure	Performance against indicators of a good service	Indicators of areas for improvement
<p>Trusts must demonstrate that they vigilantly monitor any restrictions or deprivations of liberty associated with the delivery of care and treatment to people with a learning disability, autism or both.</p>	<p><b>95%</b> of trusts providing specialist services just for people with a learning disability or autistic people reviewed their restraint reduction policy in the last 12 months.</p> <p><b>89%</b> of trusts reported having a policy on the use of force to hold/restrain people with a learning disability or autistic people who lack the capacity to consent.</p> <p><b>15%</b> of trusts said they did not regularly audit the restrictions and/or deprivations of liberty placed on people with a learning disability and autistic people.</p>	<p><b>52%</b> of acute (hospital) trusts services had not undertaken an audit of restrictive practices in the last 12 months.</p>
<p>Trusts must have measures to promote anti-discriminatory practice in relation to people with a learning disability, autism or both.</p>	<p><b>92%</b> of people who used mental health, <b>91%</b> who used community health trust services and <b>90%</b> who used acute hospital services reported they were treated with respect by staff.</p> <p><b>84%</b> of mental health trusts routinely monitored waiting times for people with a learning disability and autistic people, and reported concerns to their board, regarding waiting times and number of people waiting.</p> <p><b>42%</b> of mental health trusts and <b>34%</b> of acute (hospital) trusts monitored and compared emergency readmission rates for people with a learning disability and the general population.</p> <p><b>79%</b> of people who had used services said they would recommend the trust to a friend or family member.</p>	<p><b>39%</b> of acute (hospital) trusts and <b>29%</b> of community health trusts did not routinely monitor waiting times for people with a learning disability and autistic people and report concerns to the board.</p> <p><b>15%</b> of staff in universal services believed people with a learning disability and autistic people did not receive the same quality of care as other people.</p> <p><b>47%</b> of acute hospital trusts and <b>67%</b> of mental health trusts did not monitor the rates of use of Do Not Attempt Cardio-Pulmonary Resuscitation (DNACPR) decisions for people with a learning disability.</p>



## Standard 2: Inclusion and engagement

Every trust must ensure all people with a learning disability, autism or both, and their families and carers, are empowered to be partners in the care they receive.

Standard 2 requires trusts to demonstrate their services are co-designed by people with a learning disability and autistic people, and to ensure they feel empowered to exercise their rights. Trusts must also ensure their services are 'values led'; for example, in staff training and complaints handling using initiatives such as 'Ask Listen Do'.

**Table 2: Summary of performance against Standard 2**

Improvement measure	Performance against indicators of a good service	Indicators of areas for improvement
Trusts must demonstrate processes that ensure they work and engage with people receiving care, their families and carers, as set out in the NHS Constitution.	<p><b>93%</b> of mental health trusts and <b>79%</b> of community health trusts reported providing accessible appointment letters.</p> <p><b>90%</b> of staff in mental health trusts and <b>75%</b> in acute (hospital) trusts, agreed they routinely involve people with a learning disability and autistic people when making decisions about their care and treatment.</p> <p><b>77%</b> of people accessing acute hospital trusts, <b>76%</b> of people accessing community health trusts, and <b>81%</b> who had accessed mental health trusts, said staff listened to what their families thought.</p>	<p><b>77%</b> of community health trusts, <b>67%</b> of acute (hospital) and <b>63%</b> of mental health trusts did not have a dedicated post on their council of governors or board sub-committees for people with a learning disability or their family.</p> <p><b>44%</b> of acute (hospital) trusts said they did not provide accessible appointment letters.</p> <p><b>8%</b> of people using mental health trusts and <b>15%</b> who used acute (hospital) trusts said they were not told about appointments/meetings in a way they could understand.</p>



Improvement measure	Performance against indicators of a good service	Indicators of areas for improvement
(cont'd)	<b>72%</b> of mental health trusts report that care coordination was available for people with a learning disability who had multiple long term conditions.	<b>16%</b> of people using mental health trust services and <b>24%</b> using acute (hospital) trusts did not feel they were given a choice in how they were cared for.  <b>54%</b> of community health trusts and <b>72%</b> of acute (hospital) trusts said people with a learning disability who have multiple long-term conditions were not routinely assigned an identified co-ordinator/key worker.
Trusts must demonstrate that their services are 'values led'; for example, in service design/improvement, handling of complaints, investigations, training and development, and recruitment.	<b>84%</b> of mental health trusts, <b>77%</b> of acute (hospital) trusts and <b>64%</b> of community health trusts reported making reasonable adjustments to complaints processes, to avoid people with a learning disability and autistic people from having to do excessive amounts of form filling.  <b>89%</b> of all trusts said they planned to include details of their benchmarked performance against the improvement standards, in their next quality account.	<b>18%</b> of staff in mental health trusts did not feel that people with a learning disability and autistic people were routinely involved in the planning of trust services.  <b>64%</b> of people using acute hospital trusts, <b>62%</b> who used community health trusts and <b>53%</b> who used mental health trusts said that if they had wanted to make a complaint, they were not given Easy Read information about how to do so.
Trusts must demonstrate that they co-design relevant services with people with a learning disability, autism or both and their families and carers.	<b>98%</b> of acute hospital trusts services reported having on-site facilities to accommodate family carers overnight.	<b>32%</b> of acute hospital trusts, <b>58%</b> of community health trusts and <b>47%</b> of mental health trusts did not have Changing Places toilet facilities <sup>2</sup> .

<sup>2</sup> <http://www.changing-places.org/>



Improvement measure	Performance against indicators of a good service	Indicators of areas for improvement
<p>Trusts must demonstrate that they learn from complaints, investigations and mortality reviews, and engage with and involve people, families and carers throughout these processes.</p>	<p><b>53%</b> of acute (hospital) trusts report having arrangements to monitor rates of Do Not Attempt Cardio-Pulmonary Resuscitation (DNACPR) decisions for people with a learning disability, and <b>32%</b> of staff in universal services said their trust had a policy of double checking the validity of reasons for such decisions.</p>	<p><b>41%</b> of trusts reported not using 'Ask Listen Do' good practice resources<sup>3</sup> to improve services for people with a learning disability and autistic people after receiving feedback, concerns and complaints.</p>
<p>Trusts must be able to demonstrate they empower people with a learning disability, autism or both and their families and carers to exercise their rights.</p>	<p><b>90%</b> of staff from mental health trusts, <b>88%</b> from community health trusts and <b>75%</b> from acute (hospital) trusts felt people with a learning disability and autistic people were routinely involved when making decisions about their care and treatment.</p> <p><b>75%</b> of mental health trusts and <b>50%</b> of community health trusts agreed that members of their executive team meet regularly with, and take advice from, people with a learning disability, autistic people, family carers and frontline support workers who care for them.</p> <p><b>81%</b> of people using mental health trusts, <b>76%</b> who used community health trusts and <b>77%</b> of people who used acute (hospital) trusts felt staff had listened to what their families thought.</p>	<p><b>62%</b> of acute (hospital) trusts did not agree that members of the executive team meet regularly with, and take advice from, people with a learning disability, autistic people, family carers and frontline support workers who care for them.</p> <p><b>33%</b> of staff in trusts providing specialist services and <b>38%</b> in universal services did not agree that their trust had policies and procedures to ensure the rights of autistic people were respected and protected.</p> <p><b>17%</b> of people who used acute (hospital) trusts and <b>19%</b> using mental health trusts said it had been difficult for family to visit during a hospital stay.</p>

<sup>3</sup> <https://www.england.nhs.uk/learning-disabilities/about/ask-listen-do/>



## Standard 3: Workforce

All trusts must have the skills and capacity to meet the needs of people with a learning disability, autism or both by providing safe and sustainable staffing, with effective leadership at all levels.

Maintaining workforce is an important challenge for the NHS. To deliver against standard 3, organisations need to demonstrate robust workforce planning, which takes account of local population needs and seeks to address the impact of shortages of some groups of specialist learning disability practitioners. Trusts should ensure that their workforce access training and development opportunities, so as to more fully understand how to meet the needs of people with a learning disability and autistic people; and there should be effective clinical leadership and practice supervision.

**Table 3: Summary of performance against Standard 3**

Improvement measure	Performance against indicators of a good service	Indicators of areas for improvement
Based on analysis of the needs of the local population, trusts must ensure staff have the specialist knowledge and skills to meet the unique needs of people with a learning disability, autism or both who access and use their services, as well as those who support them.	<b>95%</b> of all NHS trusts reported having a board-level lead who monitors the quality of service provided to people with a learning disability and autistic people. Across acute (hospital) and community, in the majority of trusts, this was the nursing director ( <b>89%</b> and <b>71%</b> respectively), whilst in mental health trusts, lead responsibility was evenly spread across medical, nursing, operations and quality directors.	<b>55%</b> of all trusts said they made training available to people who provided day to day care/support, to learn how to recognise and respond to signs of emerging health problems in people with learning disabilities and autistic people.



Improvement measure	Performance against indicators of a good service	Indicators of areas for improvement
(cont'd)	<b>75%</b> of staff in mental health trusts reported having access to specialist learning disability advice when they need it.	<b>15%</b> of staff in acute hospital trusts reported not having access to specialist learning disability advice when they need it.
Staff must be trained and then routinely updated on how to deliver care to people with a learning disability, autism or both who use their services, in a way that takes account of their rights, unique needs and health vulnerabilities; how delivery of services is tailored to each person's individual needs.	<b>92%</b> of all trusts said they provide staff with up-to-date training covering learning disabilities/autism awareness.  Only <b>6%</b> of staff said they would not recommend their trust to a friend of family with a learning disability and/or autism who needed treatment.	<b>80%</b> of all trusts do not invite people with a learning disability or autistic people to contribute to staff induction training.  <b>35%</b> of staff in acute (hospital) trusts, <b>35%</b> in community health trusts and <b>23%</b> in mental health trusts said they did not receive mandatory training on meeting the needs of people with learning disabilities and/or autism during the course of their work.
Trusts must have workforce plans that manage and mitigate the impact of the growing cross-system shortage of qualified practitioners specialising in learning disabilities.	<b>80%</b> of mental health trusts, <b>51%</b> of acute (hospital) trusts and <b>62%</b> of community health trusts had a workforce plan to support the development of new roles in learning disabilities care.	
Trusts must demonstrate clinical and practice leadership and consideration of the needs of people with a learning disability, autism or both, within local strategies to ensure safe and sustainable staffing.	<b>74%</b> of mental health trusts, <b>64%</b> of community health trusts and <b>58%</b> of acute (hospital) trusts actively involved people with learning disabilities and/or autism and their families in checking the quality of services being provided and developing improvement plans as a result.	



## Standard 4: Specialist learning disabilities services

Trusts that provide specialist learning disabilities services commissioned solely for the use of people with a learning disability, autism or both must fulfil the objectives of national policy and strategy.

Organisations meeting this standard are providing specialist community support to reduce the likelihood of people with a learning disability and autistic people being unnecessarily admitted to hospital due to concerns about behaviour or mental health. They will use care and treatment reviews (CTRs) to assess individuals' pre-admission, to evaluate if care could be better delivered in the community and to ensure inpatient stays are as short as possible. They will follow evidence based clinical guidance and conduct regular reviews of the use of psychotropic medications, in line with NHS England's Stopping the Over Medication of People with a learning disability and autistic people (STOMP) initiative. They will also have proactive programmes to reduce the use of restrictive practices.



**Table 4: Summary of performance against Standard 4**

Improvement measure	Performance against indicators of a good service	Indicators of areas for improvement
<p>Trusts must have plans for the development of community-based intensive support, including treatment and support for people accessing mental health services and the criminal justice system.</p>	<p><b>81%</b> of staff said their trust had, in recent years, developed effective new ways to support people with a learning disability and autistic people to live successfully in the community.</p> <p><b>74%</b> of trusts providing specialist services, provided intensive support services for adults. Of these, <b>74%</b> provided crisis support.</p>	<p><b>37%</b> of intensive support services did not operate 7 days a week.</p> <p><b>71%</b> of trusts providing specialist services did not have a children and young peoples' Intensive Support Team.</p>
<p>Trusts use the care and treatment review (CTR) and care and education treatment review (CETR) to ensure a stringent assessment is made if admission is anticipated or requested, and that discharge arrangements ensure no individual stays longer than necessary.</p>	<p><b>81%</b> of trusts monitored target and actual discharge dates for people with learning disabilities and/or autism in hospital.</p>	



Improvement measure	Performance against indicators of a good service	Indicators of areas for improvement
<p>Trusts have processes to regularly review the medications prescribed to people with a learning disability, autism or both. Specifically, prescribing of all psychotropic medication should be considered in line with NHS England’s stopping over medication programme (STOMP).</p>	<p><b>94%</b> of Trusts were signed up to Stopping Over Medication of People with a learning disability and/or autism (STOMP).</p> <p><b>90%</b> of Trusts had signed the STOMP pledge.<sup>4</sup></p> <p><b>78%</b> of trusts had policies to safeguard people with learning disabilities and autistic people from the inappropriate prescribing of psychotropic medication.</p>	<p><b>47%</b> of staff did not agree that people with a learning disability and autistic people were fully involved in reviewing the appropriateness of their psychotropic medications.</p>
<p>Trusts providing inpatient services have clinical pathways that adhere to evidence-based assessment and treatment, time-limited interventions and measurable discharge processes to ensure inpatient episodes are as short as possible.</p>	<p><b>73%</b> of trusts confirmed their healthcare practitioners continued to provide care co-ordination where a person with a learning disability is admitted to an out-of-area inpatient service.</p>	
<p>Trusts have governance processes for measuring the use of restraint and other restrictive practices, including detailed evidence-based recommendations to support the discontinuation of planned prone restraints and reduction in unwarranted variation in use of restrictive practices. They can demonstrate that alternative approaches are being deployed.</p>	<p><b>92%</b> of trusts had a restraint reduction programme/policy. <b>96%</b> of those had policies that have been reviewed in the last 12 months.</p> <p><b>69%</b> of trusts said that they publish an annual report on restraint use and reduction programmes.</p> <p><b>88%</b> of trusts used a restraint training provider who was certified as complying with the Restraint Reduction Network Training standards.</p>	<p><b>39%</b> of staff did not agree that they have received training on reducing the use of restrictive interventions.</p> <p><b>23%</b> of trusts had not involved people with lived experience in developing restraint reduction policies.</p> <p><b>55%</b> of trusts did not have an accessible version of their reports concerning the use of restrictive interventions.</p>

<sup>4</sup> <https://www.england.nhs.uk/learning-disabilities/improving-health/stomp/how-to-support-stomp/#health-care>

