



Learning Disability Improvement Standards

Findings from Year 6 of the National
Benchmarking exercise 2022/23

DRAFT REPORT AWAITING REVIEW



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1. Introduction

The NHS Benchmarking Network (NHSBN) is a member led organisation promoting service improvement in the NHS through benchmarking and sharing good practice. The NHSBN team support project participants in sharing data to compare service provision and performance with the aim of identifying improvement opportunities.

This year is the sixth year that the NHS Benchmarking Network have provided comprehensive evaluation of trusts' compliance with the national [learning disability improvement standards for NHS trusts](#).

The improvement standards were launched in 2018 by NHS Improvement to ensure the provision of high quality, personalised and safe care from the NHS for the estimated 950,000 adults and 300,000 children with learning disabilities as well as the 440,000 adults and 120,000 children with autism across England. These standards were designed together with people with learning disabilities, autistic people, family members, carers and health professionals, to drive rapid and substantial improvements to patient experiences and equity of care. The [NHS Long Term Plan](#), published in 2019, pledged that over the next five years, the national learning disability improvement standards would be implemented by all services funded by the NHS to ensure people with learning disabilities and/or autistic people can receive high quality, personalised and safe care when they use the NHS.

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

1. Respecting and protecting rights
2. Inclusion and engagement
3. Workforce
4. Specialist learning disability services

The first three 'universal standards' apply to all NHS trusts, and the fourth 'specialist standard' applies specifically to 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 commitment to sustainable quality improvement in the services and pathways for this group. Trusts can publish details of their performance against these improvement standards in their annual quality accounts and 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 bespoke report analyses the findings from the sixth national collection of data on NHS trusts' performance against the four improvement standards for 2023. 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. All participating trusts will receive a copy of their trust's bespoke report giving an overview of their compliance with the standards and will have access to their data through the [NHS Benchmarking Network \(NHSBN\) online toolkit](#).



2. Methodology

Since the first iteration of the Improvement Standards data collection, certain metrics and aspects of the survey methodology have been enhanced following feedback from people with a learning disability, autistic people, families and carers as well as healthcare professionals. The majority of metrics have remained similar over the past five years to allow the report to build on previous iterations, with existing metrics allowing participants to track progress over time and to ensure a like for like comparison base to be maintained.

The organisational and staff surveys were hosted through an online portal hosted by the NHS Benchmarking Network. The service user survey was collected in paper-format in keeping with service user and participant feedback.

The NHS Benchmarking Network express their thanks 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 project team via nhsbn.nhsildsupport@nhs.net.

Data collection

The data collection collects annual data from the 2022/23 financial year, with some metrics using a census date of 31st March 2023. The data collection period started in October 2022 and closed in February 2023, with some trusts receiving extensions during this period.

The scope of the data collection covers; trust corporate arrangements for supporting people with intellectual disabilities, staff perceptions on services offered and the experience of care for people with learning disabilities. All acute, community, mental health trusts, ambulance trusts are included in the scope of the data collection.

Multiple staff members from each trust could be assigned to input data into NHSBN's online data collection tool, to make this task as easy as possible. Trusts were also supplied with an Excel spreadsheet version of the data for reference.

Trusts were supplied with 100 multiple choice paper surveys to distribute to service users, which could then be returned anonymously to a third-party provider via freepost.

The staff survey was carried out online, with each trust receiving a unique URL link to distribute to up to 100 members of staff who had supported patients with a learning disability and/or autism.

Information governance guidance and GDPR compliance guidance was provided by NHSBN to advise trusts in identifying service users with a learning disability and/or autism, and staff to invite them to complete their respective surveys.

Data validation, analysis and reporting

The data collected was validated and analysed by NHSBN and was released in a draft interactive online toolkit to members.



Participation

In 2022/23, 192 organisations across England registered to participate in the Year 6 Learning Disability Improvement Standards collection. Of these, 48 were organisations that provided specialist learning disability and autism services.

Of these:

- **171** completed the organisational-level data collection
- **152** surveyed their staff, returning **6,932** completed surveys
- **139** surveyed their service users, returning **2,130** completed surveys.

Organisation type	Number
Acute	128
Community	17
Mental health	43
Ambulance	3



3.1. Organisational level collection

The organisational level data for the Learning Disability Improvement Standards project is submitted online through the NHS Benchmarking Network members' area. It is completed by a nominated project lead, as well as other nominated staff members. The survey questions aim to collate data on policies and protocols within organisations' activity, workforce and service quality.

The 2022/23 data collection received 171 organisational level data submissions accounting for the vast majority of trusts across England. This enables a like for like comparison between this year's data collection and the previous five collections, allowing time series analysis to be conducted on services provided to people with a learning disability and/or autism.

There have been a number of areas of focus for services provided to people with learning disabilities and/or autism over the last few years. These include: the ability to flag people with learning disabilities and/or autism on patient systems, demonstration of reasonable adjustments to care pathways, promotion of anti-discriminatory measures and ensuring people with learning disabilities and/or autism are empowered to exercise their rights. These were reflected in the questions asked within the organisational level survey.

The data included in this bespoke report has been validated by the NHS Benchmarking Network support team together with project leads of participant trusts. The charts show the national data, alongside the number of participant trusts that completed the metric. Your organisation's position is highlighted as the red bar on column charts and within the grey bar beneath the charts. Your organisation has been assigned a specific code with a prefix of IS- followed by three numbers. This will match your organisation's position in the online interactive toolkit. The "n=" figure represents the number of organisations that provided an answer for that the metric. N.B. Figures on the online toolkit are shown to 1 decimal place.



3.2 Staff Survey

The survey allowed staff members to give their views on their trust and delivery of care to patients with a learning disability and/or autistic patients anonymously. Trusts across England were provided with a unique URL link to distribute to staff members who had provided care for patients with a learning disability and/or autistic patients. The URL link provided staff with access to a survey hosted by the NHS Benchmarking Network, which consisted of a series of multiple choice questions.

In previous years, each trust could receive up to 50 staff survey submissions before the URL link became defunct. This was to prevent the national result from being heavily weighted towards trusts with a larger workforce. In previous years prior to 2022, each trust could receive just 50 surveys. This limit was extended to 100 in 2022 and remained 100 in 2023.

The topics explored throughout the survey include: the ability of staff to identify what reasonable adjustments patients required, the involvement of patients and family carers in how care was delivered, and whether staff had received the necessary training required to meet the needs of people with a learning disability and/or autism.

Trusts were provided with information governance guidance and GDPR guidance to assist with the staff survey data collection. The use of a unique URL link per trust allows for bespoke analysis of each organisation's staff views, while maintaining complete anonymity to staff members.

The 2022/23 data collection received 6,932 staff survey submissions from 152 organisations, resulting in an average of 46 staff surveys being completed per trust.

An example of a staff survey chart below for illustrative purposes only:



3.3. Service User Survey

The purpose of the patient survey was to ask questions relating to perceptions of the quality of care received by people with a learning disability and overall patient experience within trusts.

The patient survey design and method of distribution was similar to previous years following positive feedback from patients, family carers and trusts. Each trust that registered for the Improvement Standards collection was asked to provide a delivery address where 100 paper-based service user surveys accompanied with 100 freepost envelopes were sent.

Trusts were encouraged to distribute surveys at face to face appointments and where possible to post surveys to service users that had been seen by the service in the past 12 months. Participants were provided with information governance guidance to alleviate any concerns regarding GDPR.

In total, 139 trusts registered for the service user survey in 2022/23. The NHS Benchmarking Network received 2,130 service user surveys over the data collection period, which was a similar participation rate as received in the Year 5 data collection (2,437).

The service user surveys each contained unique barcodes which allowed service user responses to be assigned to trusts while keeping the identity of patients anonymous. This allows each trust to receive bespoke analysis on service users' views of the service they received.

Learning Disability Year 6 Improvement Standards

Key findings at a glance (average across all trust types)



192
trusts
registered



171
organisations
submitted data



6,932 staff
surveys
submitted



2,130 service
user surveys
submitted



Organisational survey

65%



of trusts hold a list of people with a learning disability and/or autistic people who are waiting for assessment / treatment

96%



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

67%



of trusts provide crisis support as part of their intensive community support service



Staff survey

72%



of staff agree they are able to identify what reasonable adjustments are needed for people with a learning disability and/or autistic people

74%



of staff feel people with a learning disability and/or autistic people are always treated with dignity and respect

84%



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 service users felt that staff treated them with respect

78%



of service users felt staff explained things to them in a way they could understand

64%



of service users felt their appointments and meetings were arranged at times of day and duration to suit them



1

Respecting and Protecting Rights

All trusts must ensure that they meet their Equality Act duties to people with learning disabilities, 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, autism or both. Additionally, trusts must have robust mechanisms to identify and flag patients with a learning disability, autism or both, vigilantly monitor restrictions or deprivations of liberty and promote anti-discriminatory practice in relation to people with learning disability, autism or both.

Improvement Measure 1.1

Trusts must demonstrate they have made reasonable adjustments to care pathways to ensure people with learning disabilities, autism or both can access highly personalised care and achieve equality of outcomes.

Some key metrics relating to improvement measure 1.1 are detailed below:

Figure 1: 72% of acute trusts reported that their triage processes prioritised children, young people and adults with a learning disability or autistic people.

Figure 2: 44% of patients surveyed agreed that if they needed to be seen in an emergency they were seen quickly.

Figure 3: 69% of staff surveyed either agreed or strongly agreed that they felt able to identify what reasonable adjustments are needed for children, young people and adults with a learning disability or autistic people.

Figure 4: 52% of staff surveyed either agreed or strongly agreed that they were confident that children, young people and adults with a learning disability or autistic people using their service always receive the reasonable adjustments they need.

Figure 1: Does your organisation's triage processes prioritise children, young people and adults with a learning disability, or autistic people?

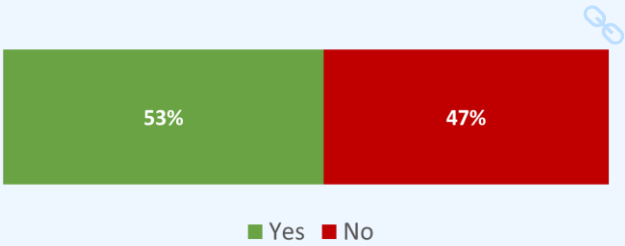


Figure 2: If you needed to be seen in an emergency, were you seen quickly?

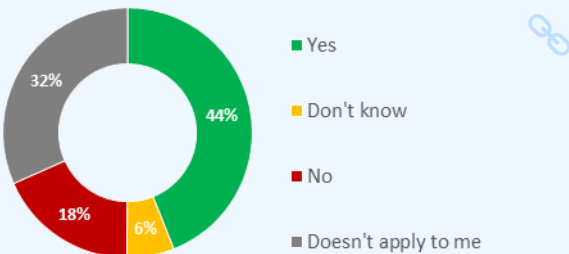


Figure 3: I feel able to identify what reasonable adjustments are needed for children, young people and adults with a learning disability or autistic people.

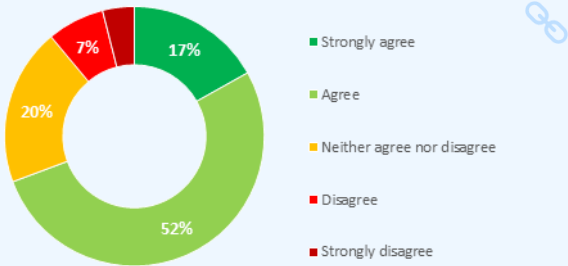
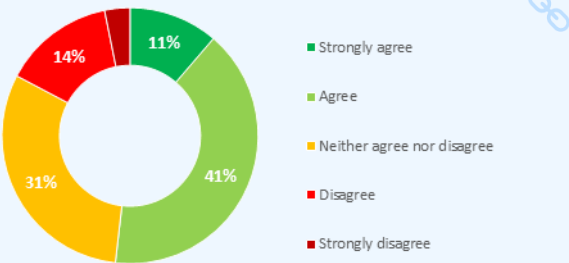


Figure 4: I am confident that children, young people and adults with a learning disability or autistic people using my service always receive the reasonable adjustments they need.



Improvement Measure 1.2

Trusts must have mechanisms to identify and flag patients with learning disabilities, 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.

Some key metrics relating to improvement measure 1.2 are detailed below:

Figure 5: 53% of acute trusts reported that they were able to further disaggregate LD data by additional protected characteristics.

Figure 6: 63% of acute trusts reported that they were readily able to identify children, young people and adults with a learning disability and/or autistic patients, who are on waiting lists for assessments and/or treatment.

Figure 7: 74% of staff surveyed responded that there was an electronic system in place in their trust for identifying and recording that a child, young person or adult has a learning disability. Please note this metric refers to all trust types

Figure 8: On average, 0.2% of patients on acute trusts' EPR systems had an LD flag.

Figure 5: Can you further disaggregate LD data by additional protected characteristics?

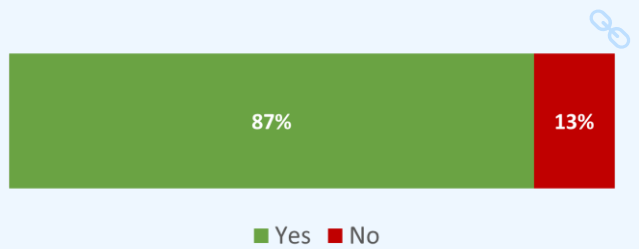


Figure 6: Are you readily able to identify children, young people and adults with a learning disability and/or autistic patients, who are on waiting lists for assessments and/or treatment?

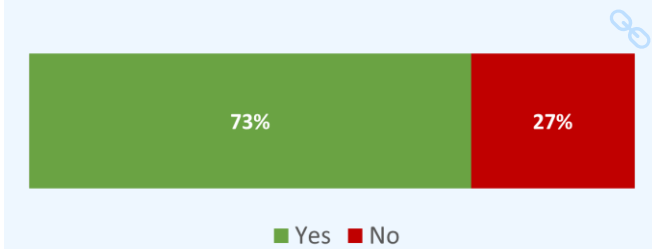


Figure 7: Is an electronic system in place in your trust for identifying and recording that a child, young person or adult has a learning disability (Please note this metric refers to all trust types).

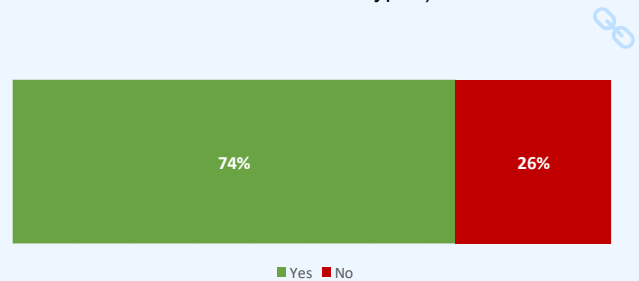
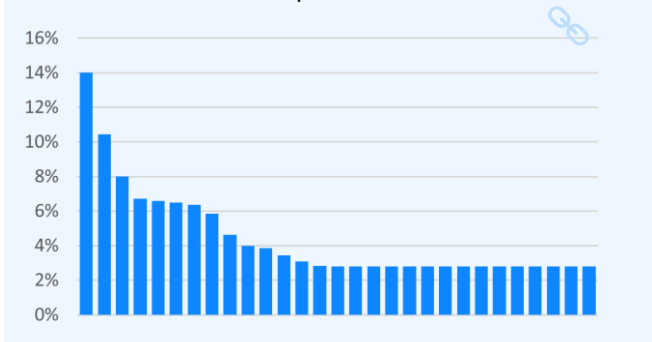


Figure 8: Number of patients with an LD flag on the EPR as a % of all patients on the EPR



Improvement Measure 1.3

Trusts must have processes to investigate the death of a person with learning disabilities, autism or both while using their services, and to learn lessons from the findings of these investigations.

Some key metrics relating to improvement measure 1.3 are detailed below:

Figure 9: 91% of acute trusts reported their organisation was represented on the local LeDeR steering group.

Figure 10: 55% of acute trusts reported that they monitor the rates of use of Do Not Attempt Cardio-Pulmonary Resuscitation (DNACPR) decisions for people with a learning disability.

Figure 11: 50% of staff surveyed neither agreed nor disagreed that if a child, young person or adult with a learning disability or autistic person dies under the care of their service, the findings and outcomes from the trust investigation are shared with staff team members.

Figure 12: An average of 16 people with a learning disability or a clinical diagnosis of autism, under the care of an acute trust and who died whilst on an active caseload or within three months of their case being closed, were notified to LeDeR, with a median average of 14.

Figure 9: Is your organisation represented on the local LeDeR steering group?

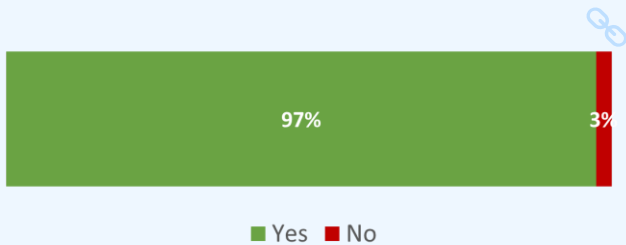


Figure 10: Does your trust monitor the rates of use of Do Not Attempt Cardio-Pulmonary Resuscitation (DNACPR) decisions for people with a learning disability?

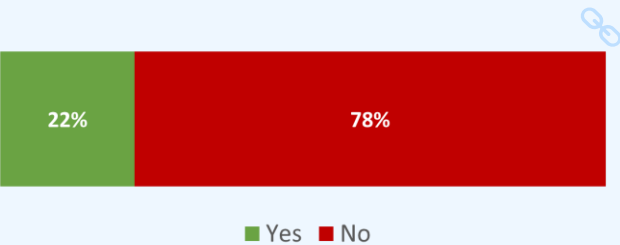


Figure 11: If a child, young person or adult with a learning disability or autistic person dies under the care of our service, the findings and outcomes from the trust investigation are shared with staff team members.

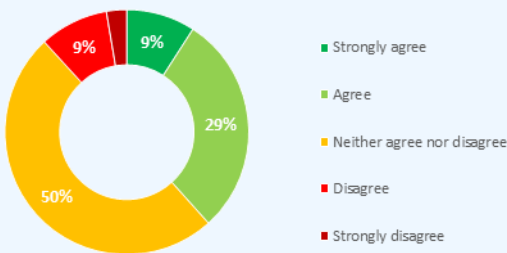
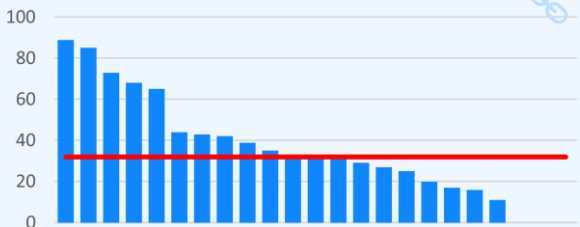


Figure 12: How many people with a learning disability or a clinical diagnosis of autism, under the care of the trust and who died whilst on an active caseload or within three months of their case being closed, were notified to LeDeR?



Improvement Measure 1.4

Trusts must demonstrate that they vigilantly monitor any restrictions or deprivations of liberty associated with the delivery of care and treatment to people with learning disabilities, autism or both.

Some key metrics relating to improvement measure 1.4 are detailed below:

Figure 13: 83% of acute trusts reported that they had a policy on the use of force to hold or restrain children, young people and adults with a learning disability and/or autistic people, who lack the competence of capacity to consent.

Figure 14: 62% of acute trusts responded that they regularly audit any restrictions and/or Deprivations of Liberty they place on children, young people and adults with a learning disability and/or autistic people.

Figure 15: 61% of acute trusts had undertaken an audit of restrictive practices in the last 12 months.

Figure 16: 67% of acute trusts responded that their organisation has processes in place to implement the requirements of the Use of Force Act 2018.

Figure 13: Do you have a policy on the use of force to hold or restrain children, young people and adults with a learning disability and/or autistic people, who lack the competence of capacity to consent?

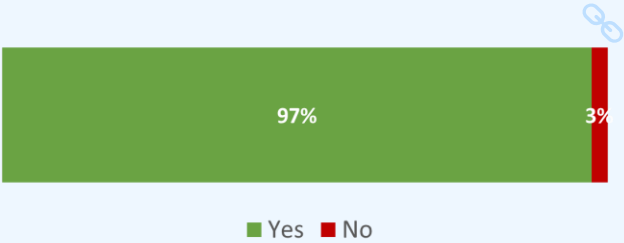


Figure 14: Does your organisation regularly audit any restrictions and/or Deprivations of Liberty it places on children, young people and adults with a learning disability and/or autistic people?

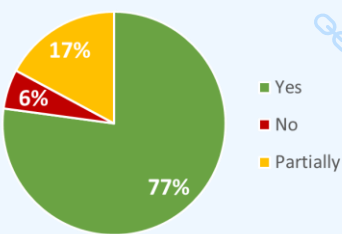


Figure 15: Have you undertaken an audit of restrictive practices in the last 12 months?

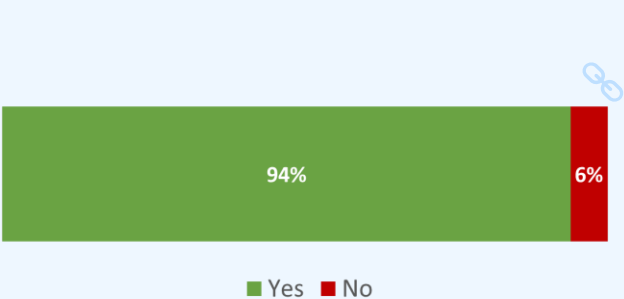
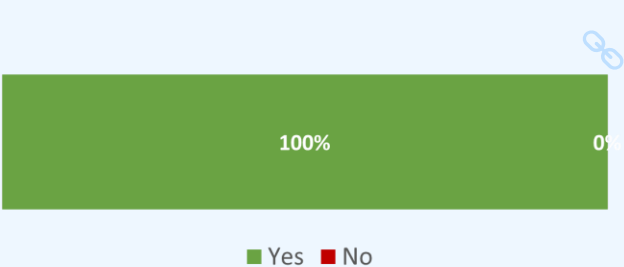


Figure 16: Does your organisation have processes in place to implement the requirements of the Use of Force Act 2018?



Improvement Measure 1.5

Trusts must have measures to promote anti-discriminatory practice in relation to people with learning disabilities, autism or both.

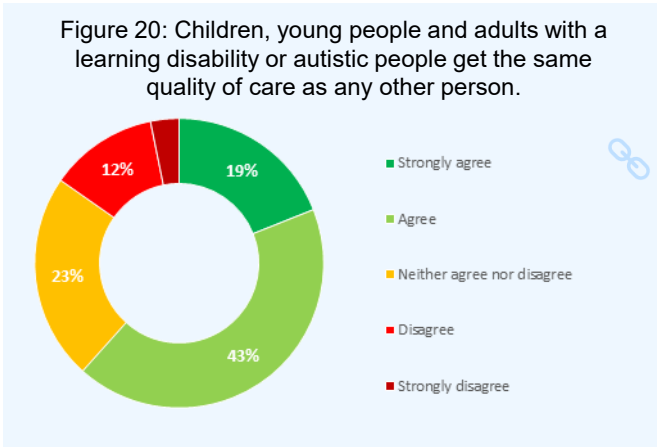
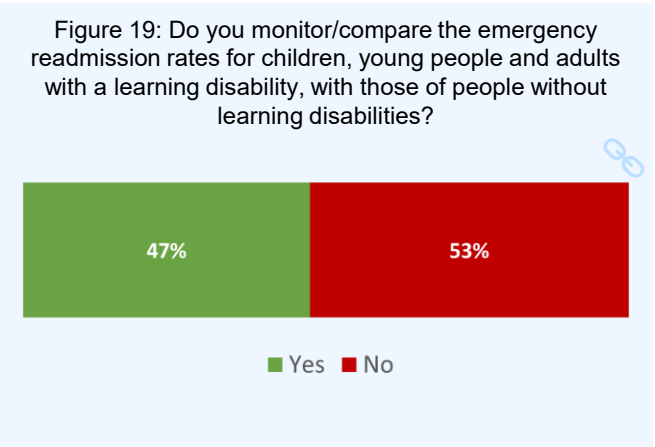
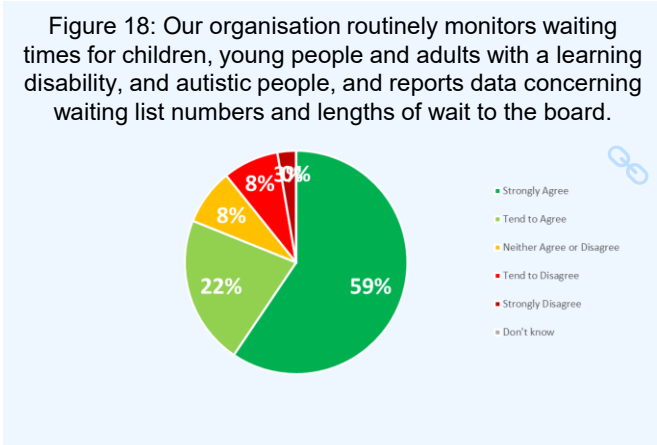
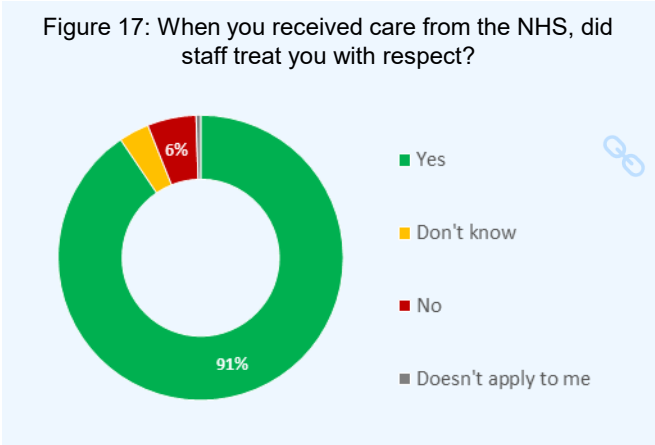
Some key metrics relating to improvement measure 1.5 are detailed below:

Figure 17: 91% of patients surveyed responded that they were treated with respect when receiving care from NHS staff.

Figure 18: 33% of acute trusts agreed that their organisation routinely monitors waiting times for children, young people and adults with a learning disability, and autistic people, and reports data concerning waiting list numbers and lengths of wait to the board. Meanwhile, 39% of acute trusts disagreed.

Figure 19: 61% of acute trusts reported that they did not monitor/compare the emergency readmission rates for children, young people and adults with a learning disability, with those of people without learning disabilities.

Figure 20: 62% of staff surveyed either agreed or strongly agreed that children, young people and adults with a learning disability or autistic people get the same quality of care as any other person.





2

Inclusion and Engagement

Every trust must ensure all people with learning disabilities, 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 learning disabilities and/or autism and to ensure they feel empowered to exercise their rights. Trusts must also ensure their services are “values-led” in staff training and complaints handling using initiatives such as “*Ask Listen Do*”.

Improvement Measure 2.1

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.

Some key metrics relating to improvement measure 2.1 are detailed below:

Figure 21: 74% of staff agree or strongly agree that they routinely involve children, young people and adults with a learning disability, and autistic people when making decisions about their care and treatment.

Figure 22: 66% of patients stated that staff did listen to what their family thought.

Figure 23: 62% of patients agreed that staff told them about appointments and meetings in a way they could understand.

Figure 24: 66% of acute trusts responded that they did not have a dedicated post/position for a person(s) with a learning disability, or their family carers, on their trust council of governors and/or any of their trust Board sub-committees.

Figure 21: I routinely involve children, young people and adults with a learning disability, and autistic people when making decisions about their care and treatment.

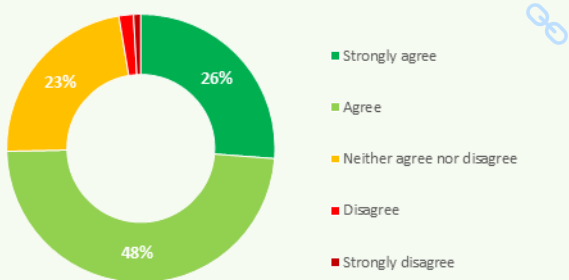


Figure 22: Did staff listen to what your family thought?

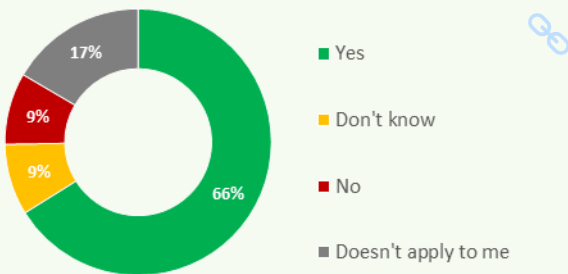


Figure 23: Did staff tell you about appointments and meetings in a way you could understand?

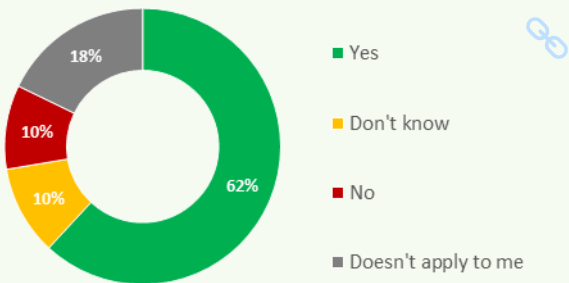
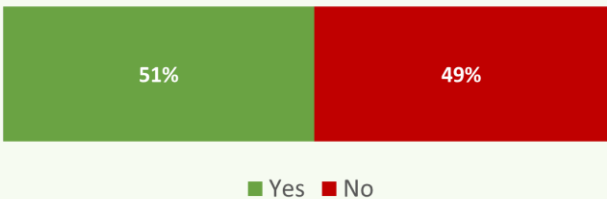


Figure 24: Do you have a dedicated post/position for a person(s) with a learning disability or their family carers on your trust council of governors and/or any of your trust Board sub-committees?



Improvement Measure 2.2

Trusts must demonstrate that their services are ‘values-led’; for example, in service design/improvement, handling of complaints, investigations, training and developments, and recruitment.

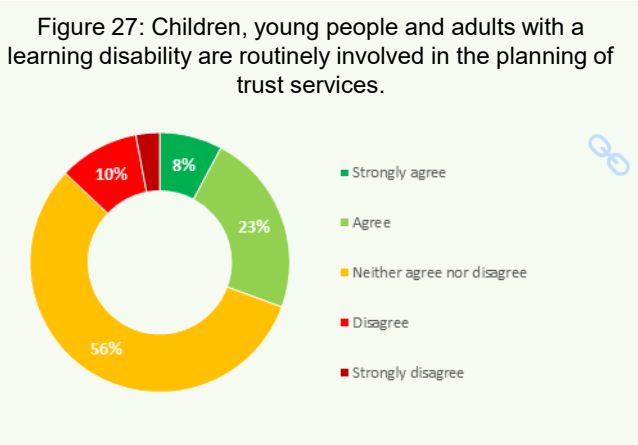
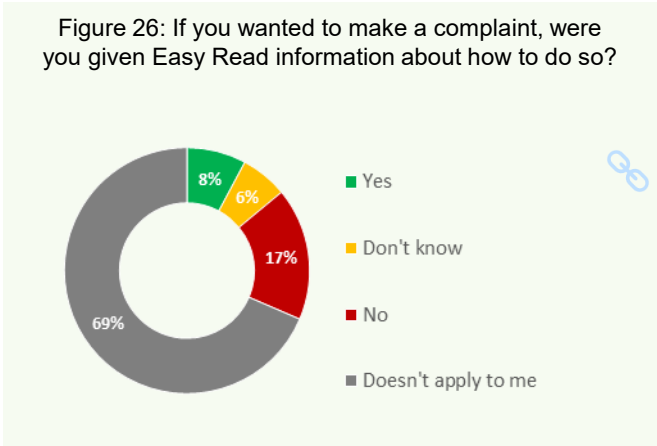
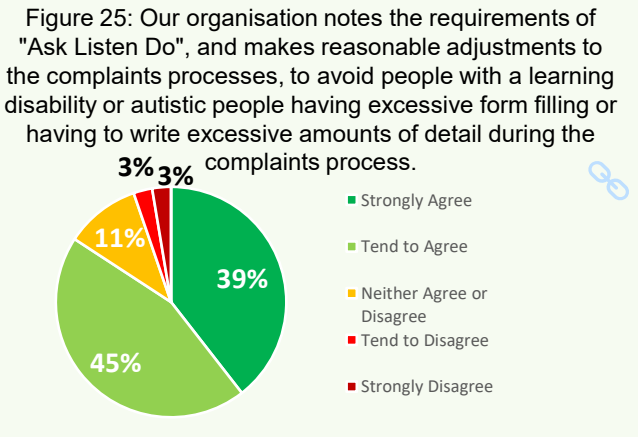
Some key metrics relating to improvement measure 2.2 are detailed below:

Figure 25: 52% of acute trusts tend to agree that they note the requirements of "Ask Listen Do", and make reasonable adjustments to the complaints processes, to avoid people with a learning disability or autistic people having excessive form filling or having to write excessive amounts of detail during the complaints process.

Figure 26: 17% of patients responded that if they wanted to make a complaint, they weren’t given Easy Read information about how to do so.

Figure 27: 56% of staff neither agree nor disagree that children, young people and adults with a learning disability are routinely involved in the planning of trust services while 23% agree.

Figure 28: 82% of acute trusts do have an improvement action plan following previous rounds of benchmarking against improvement standards.



Improvement Measure 2.3

Trusts must demonstrate that they co-design relevant services with people with learning disabilities, autism or both and their families and carers.

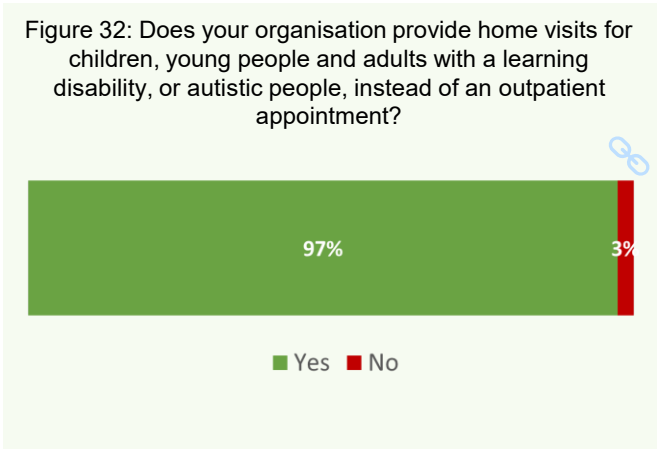
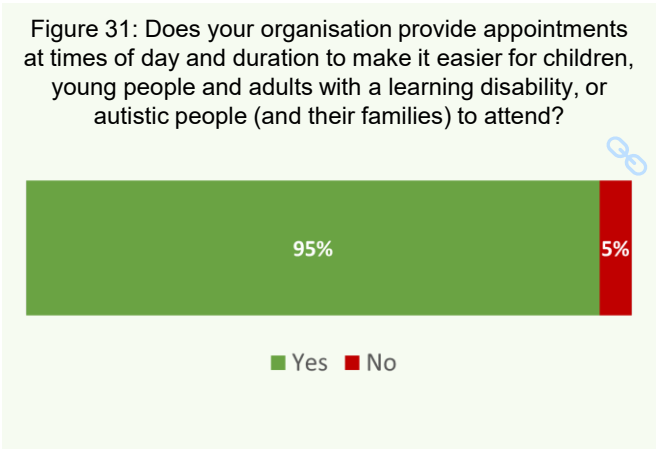
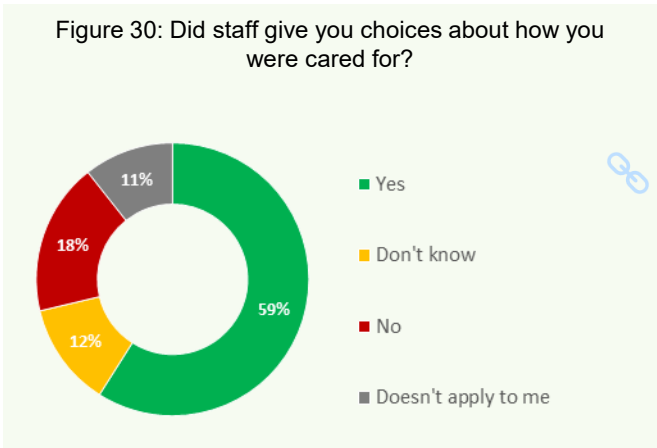
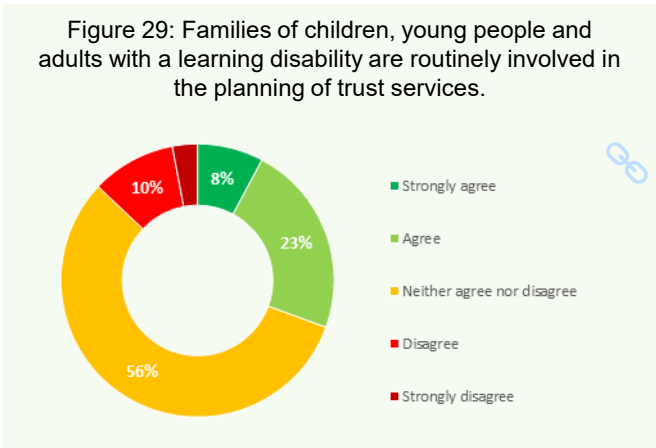
Some key metrics relating to improvement measure 2.3 are detailed below:

Figure 29: 57% of staff neither agree nor disagree that families of children, young people and adults with a learning disability are routinely involved in the planning of trust services while 23% agree.

Figure 30: 59% of patients stated that staff gave them choices about how they were cared for.

Figure 31: 98% of acute trusts provide appointments at times of day and duration to make it easier for children, young people and adults with a learning disability, or autistic people (and their families) to attend.

Figure 32: 53% of acute trusts don't provide home visits for children, young people and adults with a learning disability, or autistic people, instead of an outpatient appointment.



Improvement Measure 2.4

Trusts must demonstrate that they learn from complaints, investigations and mortality reviews, and that they engage with and involve people, families and carers throughout these processes.

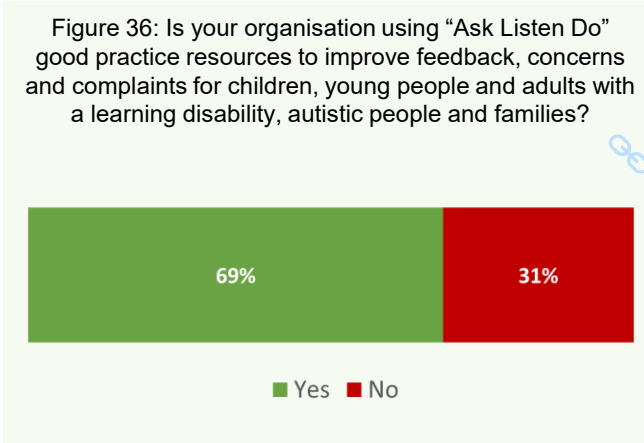
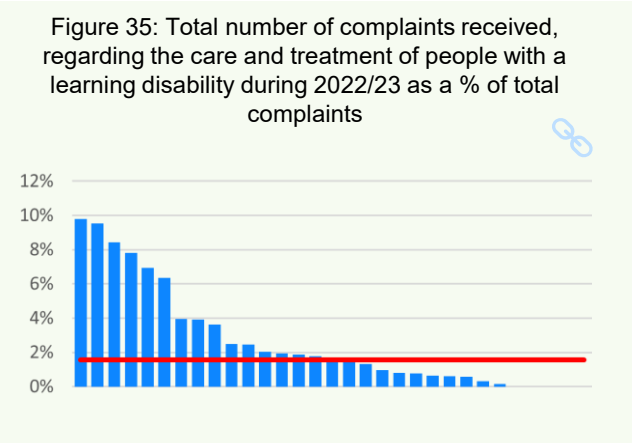
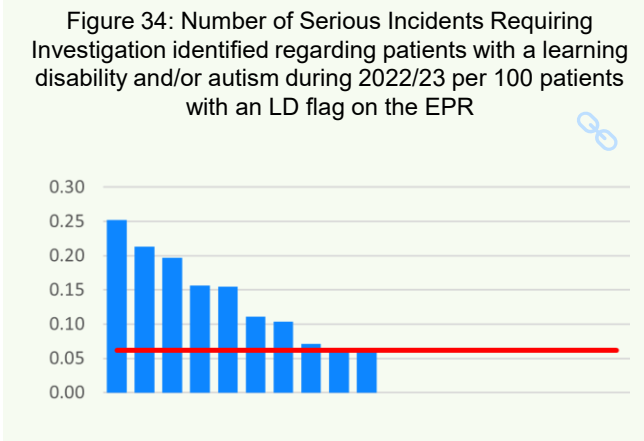
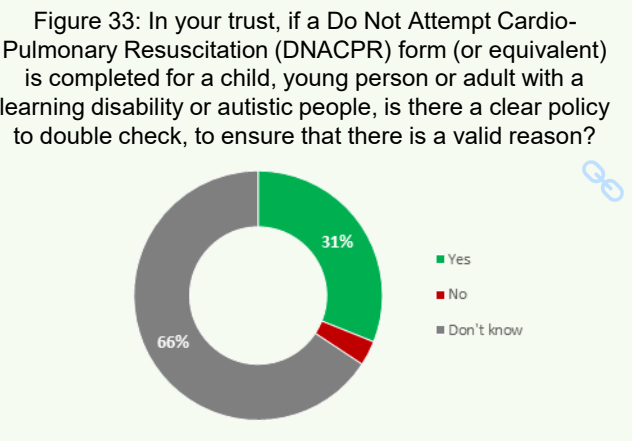
Some key metrics relating to improvement measure 2.4 are detailed below:

Figure 33: 66% of staff don't know if when a Do Not Attempt Cardio-Pulmonary Resuscitation (DNACPR) form (or equivalent) is completed for a child, young person or adult with a learning disability or autistic person, there is a clear policy to double check, to ensure that there is a valid reason.

Figure 34: On average, the number of Serious Incidents Requiring Investigation identified regarding patients with a learning disability and/or autism during 2022/23 per 100 patients with an LD flag on the EPR was 0.1 for acute trusts.

Figure 35: On average, 1.1% of total complaints received were regarding the care and treatment of patients with a learning disability during 2022/2023 for acute trusts.

Figure 36: 65% of acute trusts are using "Ask Listen Do" good practice resources to improve feedback, concerns and complaints for children, autistic people and families.



Improvement Measure 2.5

Trusts must be able to demonstrate they empower people with learning disabilities, autism or both and their families and carers to exercise their rights.

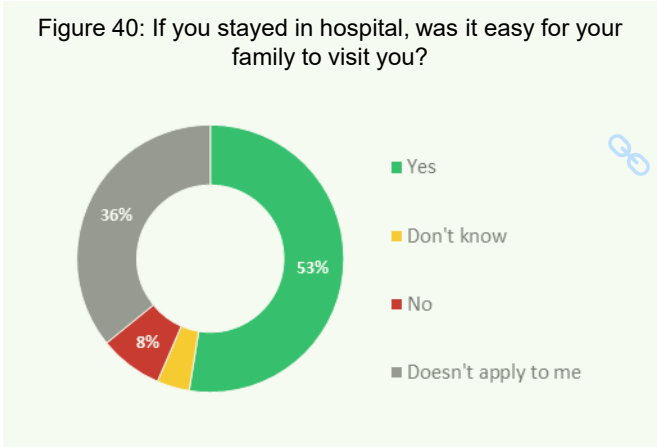
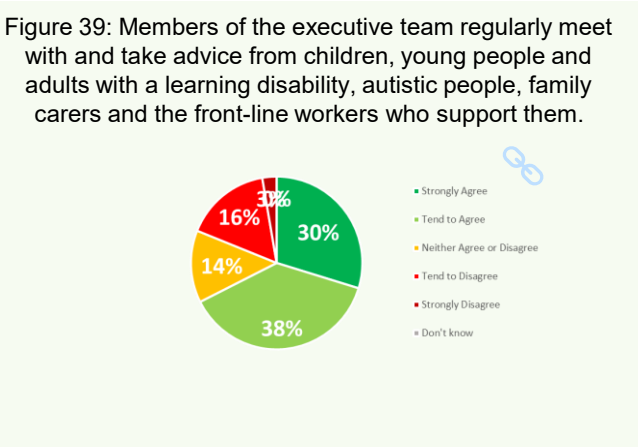
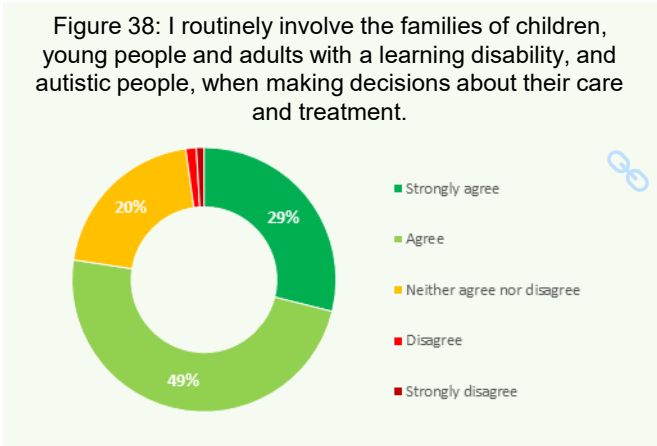
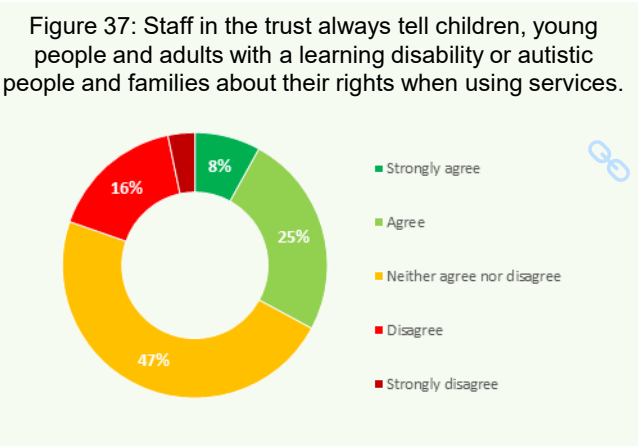
Some key metrics relating to improvement measure 2.5 are detailed below:

Figure 37: 47% of staff neither agree nor disagree that that always tell children, young people and adults with a learning disability or autistic people and families about their rights when using the service.

Figure 38: 29% of staff strongly agree and 49% agree that they routinely involve the families of children, young people and adults with a learning disability, and autistic people, when making decisions about their care and treatment.

Figure 39: 29% of acute trusts tend to agree that members of the executive team regularly met with and take advice from children, young people and adults with a learning disability, autistic people, family carers and the front-line workers who support them.

Figure 40: 53% of patients agreed that it if they stayed in hospital, it was easy for their family to visit them.





3

Workforce

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

Maintaining workforce is an important challenge for the NHS. The improvement measures highlight the benchmark required to ensure effective delivery of a range of policy ambitions. Trusts must ensure that staff are regularly trained on how to meet the unique needs of people with learning disabilities and/or autism and to have specialist learning disability advice available to staff if required. Additionally, trusts are expected to have workforce plans to minimise impacts of potential shortages of qualified staff with specialisms in learning disabilities which may include supporting new emerging roles such as allied health professionals, nurses and advanced practitioners.

Improvement Measure 3.1

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 learning disabilities, autism or both who access and use their services, as well as those who support them.

Some key metrics relating to improvement measure 3.1 are detailed below:

Figure 41: 43% of staff neither agree nor disagree that children, young people and adults with a learning disability are involved in delivering awareness training to staff in their trust.

Figure 42: 85% of staff agree or strongly agree that their trust encourages them to speak out if they have concerns about the wellbeing of children, young people and adults with a learning disability, and autistic people in their services.

Figure 43: 48% of staff agree or strongly agree that they have the necessary resources to meet the needs of children, young people and adults with a learning disability or autistic people.

Figure 44: 66% of staff agree or strongly agree that they are always able to deliver safe care to a child, young person, or adult with a learning disability or autistic people.

Figure 41: Children, young people and adults with a learning disability are involved in delivering awareness training to staff in my trust.

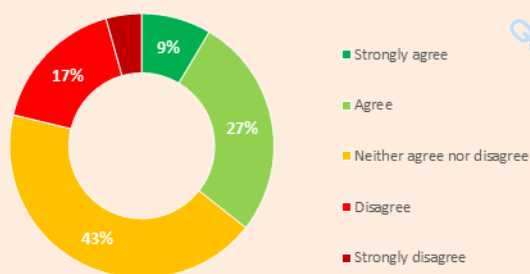


Figure 42: My trust encourages me to speak out if I have concerns about the wellbeing of children, young people and adults with a learning disability, and autistic people, in our services.

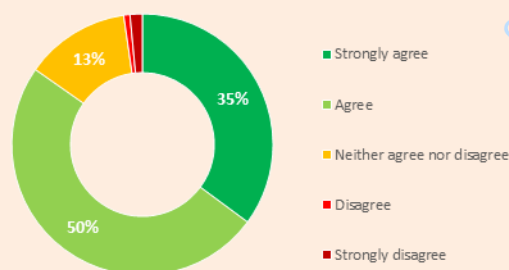


Figure 43: I have the necessary resources to meet the needs of children, young people and adults with a learning disability or autistic people e.g. communication needs, equipment.

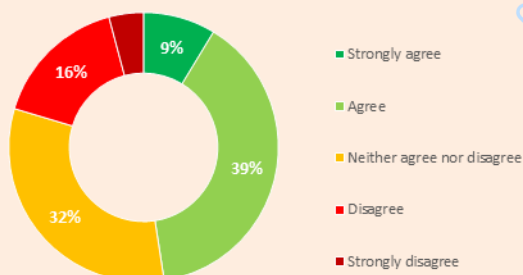
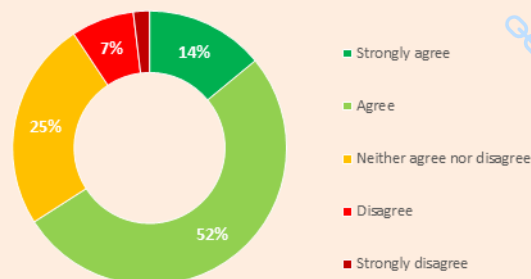


Figure 44: I am always able to deliver safe care to a child, young person, or adult with a learning disability or autistic people.



Improvement Measure 3.2

Staff must be trained and then routinely updated in how to deliver care to people with learning disabilities, autism or both who use their services, in a way that takes account of their rights, unique needs and health vulnerabilities; adjustments to how services are delivered are tailored to each person’s individual needs.

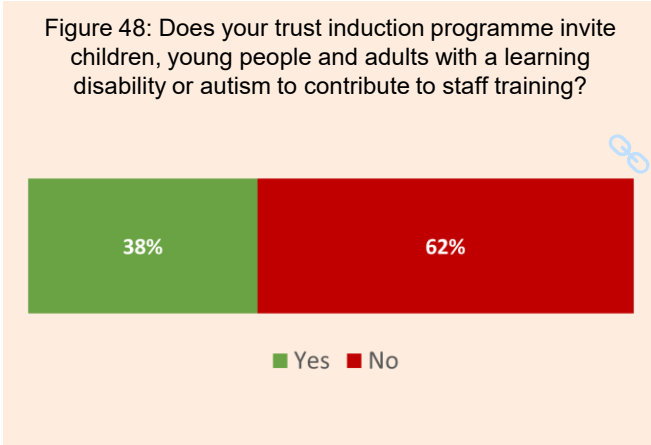
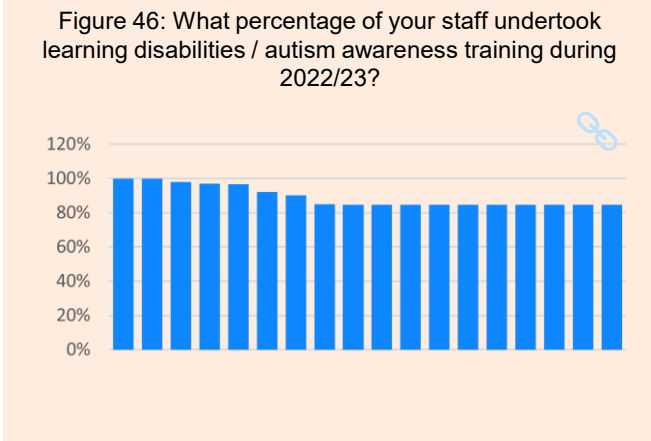
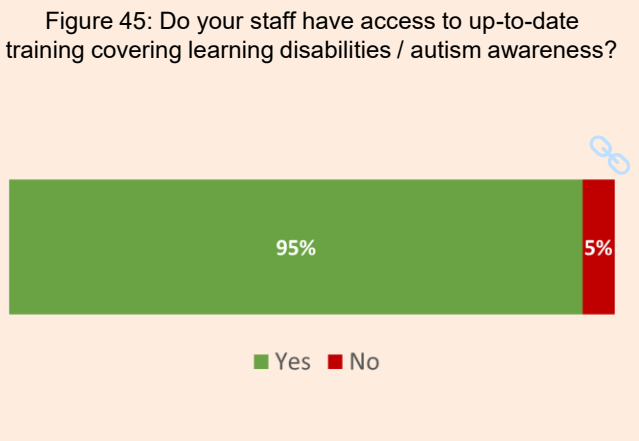
Some key metrics relating to improvement measure 3.2 are detailed below:

Figure 45: 96% of responding acute trusts stated that their staff have access to up-to-date training covering learning disabilities / autism awareness.

Figure 46: On average 58% of acute trust staff undertook learning disabilities / autism awareness training during 2022/23.

Figure 47: 81% of staff said that they received mandatory training on meeting the needs of children, young people and adults with a learning disability, and autistic people, during the course of their work.

Figure 48: 84% of acute trusts responded that their induction programmes do not invite children, young people and adults with a learning disability or autism to contribute to staff training.



Improvement Measure 3.3

Trusts must have workforce plans that manage and mitigate the impact of the growing, cross-system shortage of qualified practitioners with a professional specialism in learning disabilities.

Some key metrics relating to improvement measure 3.3 are detailed below:

Figure 49: 55% of acute trusts responded that they don't have a workforce plan that includes provisions to support the development of new roles in learning disabilities care.

Figure 50: 72% of acute trusts responded that their workforce plans don't include data on current and future issues arising from retention/recruitment difficulties relating to the learning disabilities workforce.

Figure 51: The average number of registered learning disability nurses employed (WTE) per 100 patients with an LD flag on the EPR was 0.3 for acute trusts.

Figure 52: On average, 36% of registered learning disability nurses employed by acute trusts were band 5.

Figure 49: Does your workforce plan include provisions to support the development of new roles in learning disabilities care?

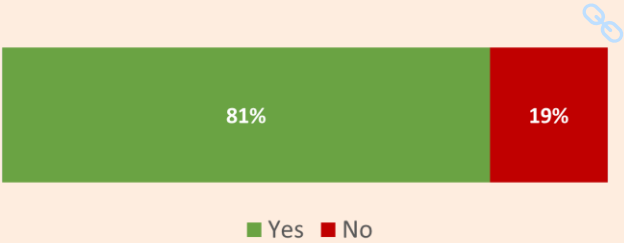


Figure 50: Does your workforce plan include data on current and future issues arising from retention / recruitment difficulties relating to the learning disabilities workforce?

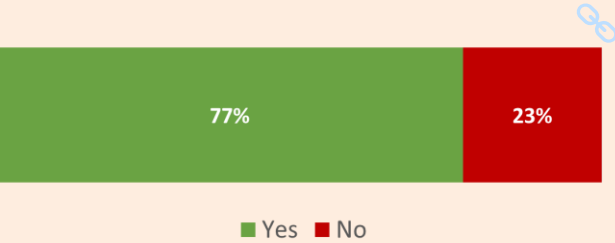


Figure 51: Total number of registered learning disability nurses employed (WTE) per 100 patients with an LD flag on the EPR

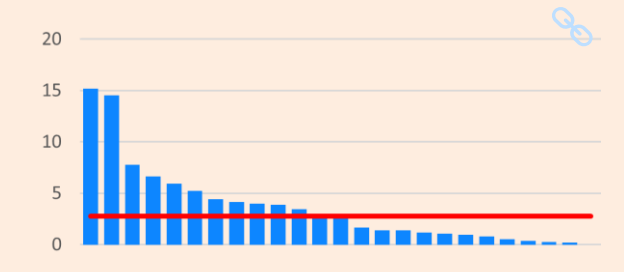
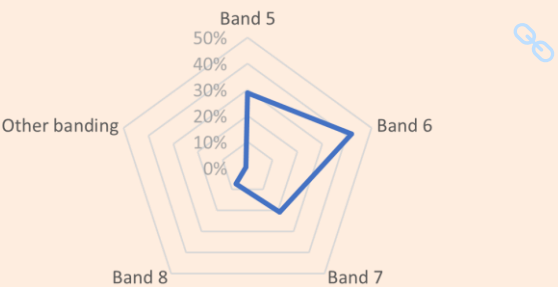


Figure 52: Registered LD nurses skill mix



Improvement Measure 3.4

Trusts must demonstrate clinical and practice leadership and consideration of the needs of people with learning disabilities, autism or both, within local strategies to ensure safe and sustainable staffing.

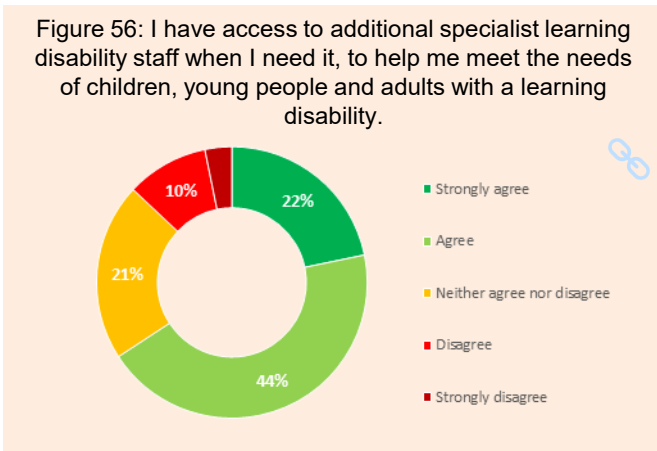
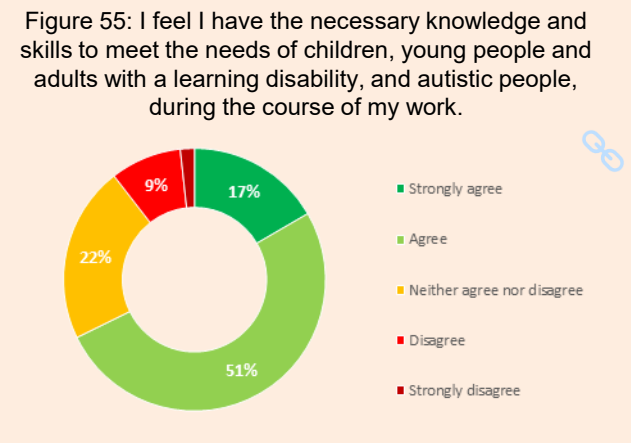
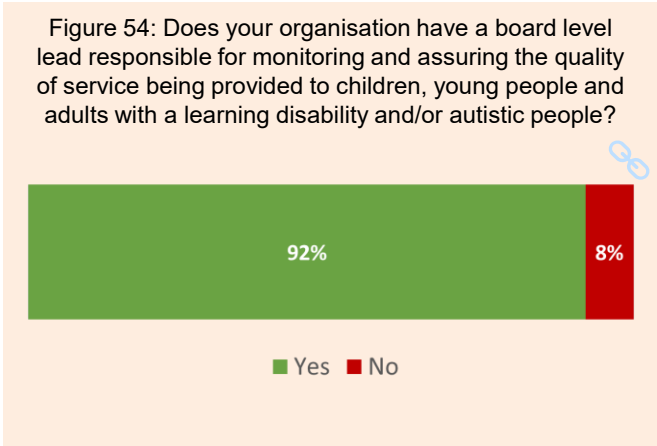
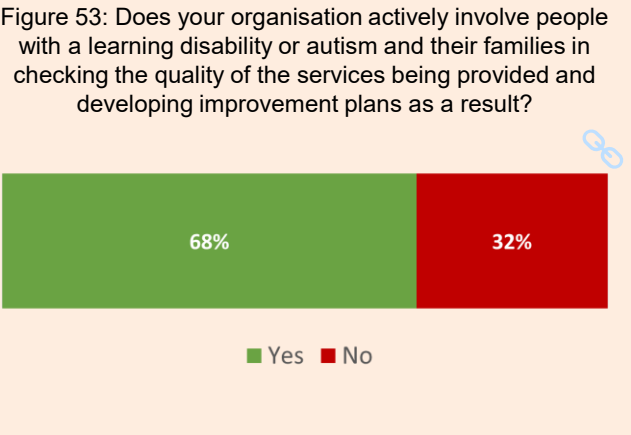
Some key metrics relating to improvement measure 3.4 are detailed below:

Figure 53: 60% of acute trusts actively involve people with a learning disability or autism, and their families, in checking the quality of the services being provided and in developing improvement plans as a result.

Figure 54: 95% of acute trusts have a board level lead responsible for monitoring and assuring the quality of service being provided to children, young people and adults with a learning disability and/or autistic people.

Figure 55: 51% of staff agree that they have the necessary knowledge and skills to meet the needs of children, young people and adults with a learning disability, and autistic people.

Figure 56: 44% of staff agree that they have access to additional specialist learning disability staff when they need it, to help them meet the needs of children, young people and adults with a learning disability.





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 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.

Improvement Measure 4.1

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.

Some key metrics relating to improvement measure 4.1 are detailed below:

Figure 57: 67% of acute trusts that responded don't provide intensive community support teams just for adults with a learning disability and/or autism.

Figure 58: Staff provide crisis support for 50% of the acute trusts that provide an intensive community support service.

Figure 59: Intensive community support is not available 7 days per week for 100% that provide this service.

Figure 60: 81% of staff said that their trust has developed effective and new ways of supporting children, young people and adults with a learning disability, and autistic people, to live successfully in the community in recent years.

Figure 57: Do you provide intensive community support teams just for adults with a learning disability and/or autism?

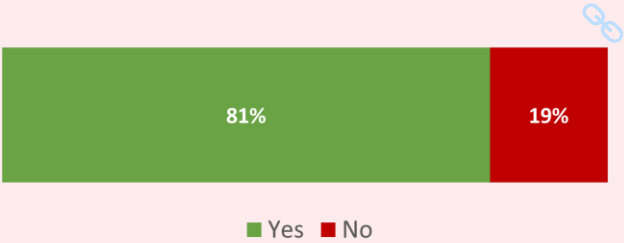


Figure 58: If you provide an intensive community support service, do the staff provide crisis support?

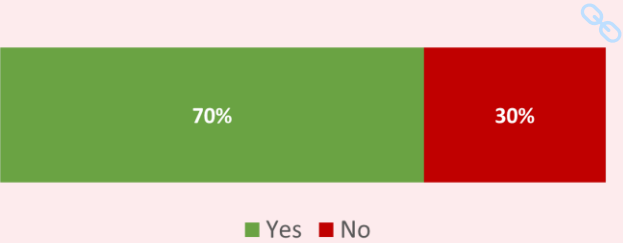


Figure 59: If you provide an intensive community support service, is it available 7 days per week?

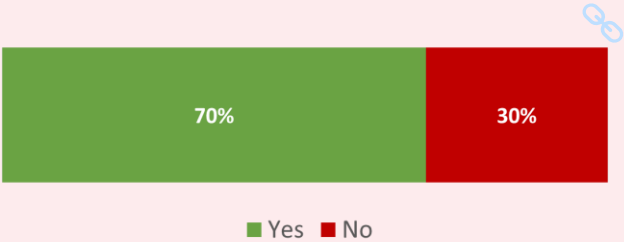
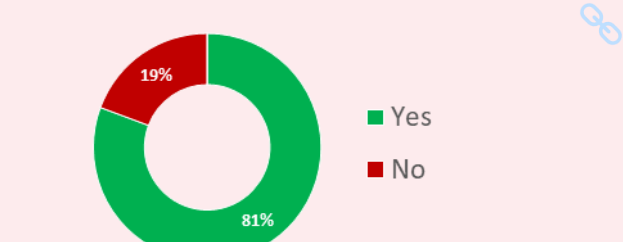


Figure 60: My trust has developed effective and new ways of supporting children, young people and adults with a learning disability, and autistic people, to live successfully in the community in recent years.



Improvement Measure 4.2

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.

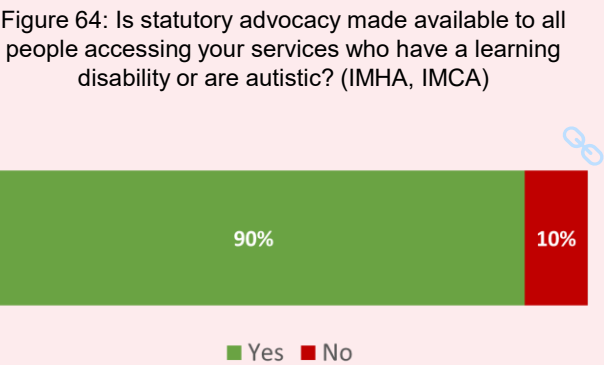
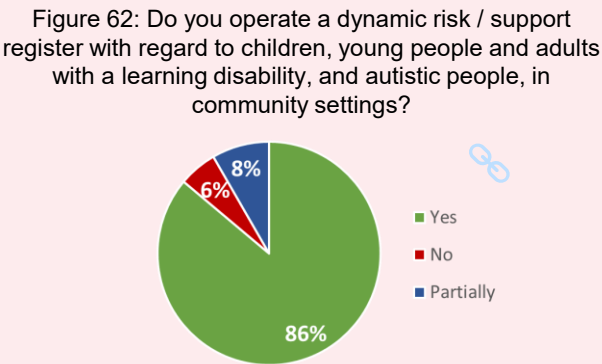
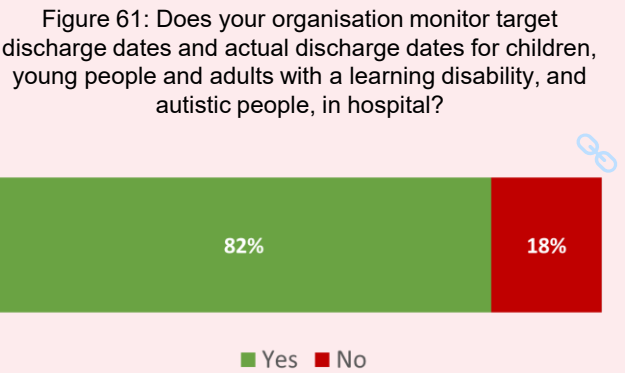
Some key metrics relating to improvement measure 4.2 are detailed below:

Figure 61: 100% of acute trusts that responded monitor target discharge dates and actual discharge dates for children, young people and adults with a learning disability, and autistic people, in hospital.

Figure 62: 100% of acute trusts stated that they operate a dynamic risk / support register with regards to children, young people and adults with a learning disability, and autistic people, in community settings.

Figure 63: Where people with a learning disability are admitted to universal mental health services, specialist disability practitioners provide in-reach support, on the basis of an agreed protocol for 50% of acute trusts.

Figure 64: 100% of acute trusts stated that's statutory advocacy is made available to all people accessing their services who have a learning disability or are autistic (IMHA, IMCA).



Improvement Measure 4.3

Trusts have processes to regularly review the medications prescribed to people with learning disabilities, autism or both. Specifically, prescribing of all psychotropic medication should be considered in line with NHS England’s programme stopping over medication programme, STOMP.

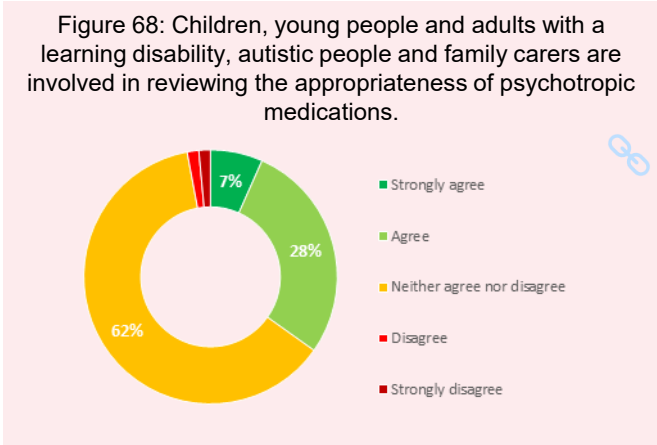
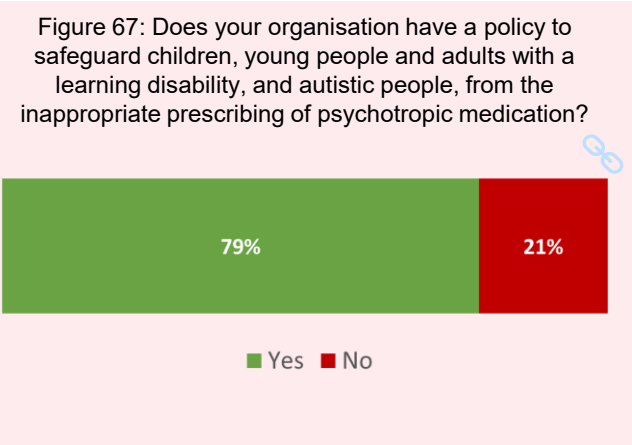
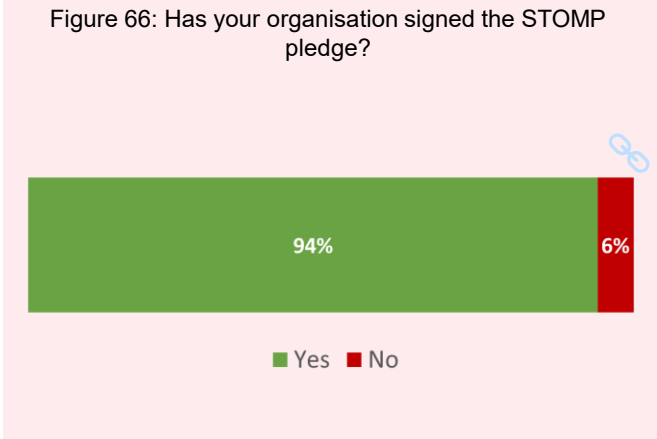
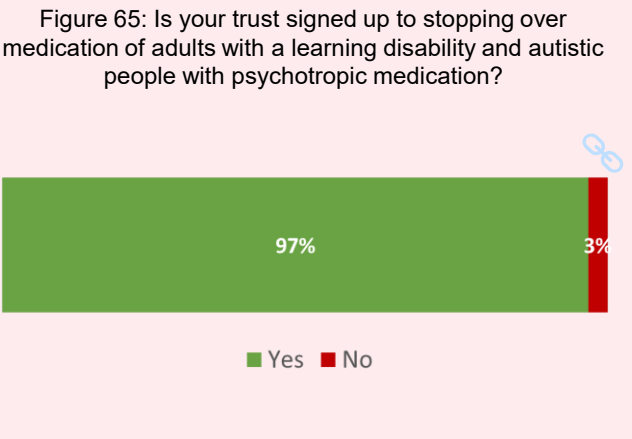
Some key metrics relating to improvement measure 4.3 are detailed below:

Figure 65: 100% of acute trusts are signed up to stopping over medication of adults with a learning disability and autistic people with psychotropic medication.

Figure 66: 100% of acute trusts responded that they have signed the STOMP pledge.

Figure 67: 67% of acute trusts have a policy to safeguard children, young people and adults with a learning disability, and autistic people, from the inappropriate prescribing of psychotropic medication.

Figure 68: 62% of staff neither agree nor disagree that children, young people and adults with a learning disability, autistic people, and family and carers, are involved in reviewing the appropriateness of psychotropic medications.



Improvement Measure 4.4

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.

Some key metrics relating to improvement measure 4.4 are detailed below:

Figure 69: 100% of acute trusts responded that healthcare practitioners don't provide care coordination in accordance with the provisions of the Care Programme Approach/Community Mental Health framework.

Figure 70: 100% of acute trusts don't continue to provide care coordination, where people are placed in out-of-area inpatient services.

Figure 71: 78% of staff neither agree nor disagree that patients with a learning disability, and autistic people, who are in hospital because of concerns about their behaviour or mental health, are visited by an external care co-ordinator, case manager, or equivalent at least every 6-8 weeks.

Figure 72: 50% of staff neither agree nor disagree that children, young people and adults with a learning disability, and autistic people, who are in hospital because of concerns about their behaviour or mental health, continue to be seen by staff from their usual community services.

Figure 69: Do your healthcare practitioners provide care coordination in accordance with the provisions of the Care Programme Approach/Community Mental Health Framework?

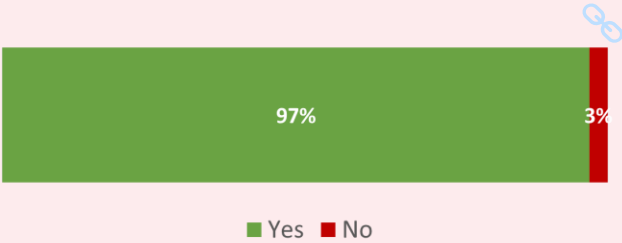


Figure 70: Do you continue to provide care coordination, where people are placed in out-of-area inpatient services?

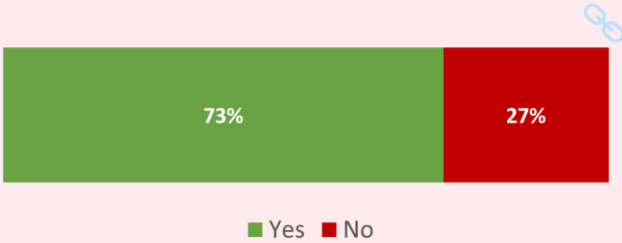


Figure 71: Children, young people and adults with a learning disability, and autistic people, who are in hospital because of concerns about their behaviour or mental health, are visited by an external care co-ordinator, case manager, or equivalent at least every 6-8 weeks.

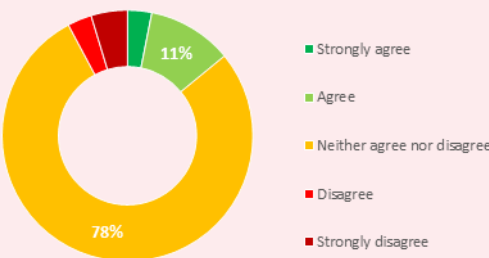
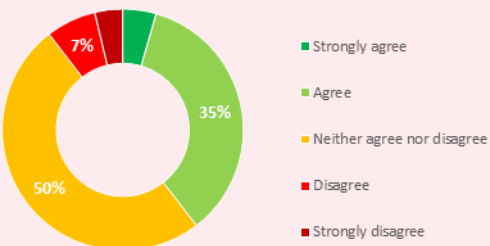


Figure 72: Children, young people and adults with a learning disability, and autistic people, who are in hospital because of concerns about their behaviour or mental health, continue to be seen by staff from their usual community services.



Improvement Measure 4.5

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.

Some key metrics relating to improvement measure 4.5 are detailed below:

Figure 73: 100% of acute trusts hold risk assessments for each individual physical restraint technique taught to their staff.

Figure 74: 66% of acute trusts disagree that their organisation provides individualised behaviour support plans, for all children, young people and adults with a learning disability or autistic people, who have been assessed as being at risk of being exposed to restrictive interventions.

Figure 75: 67% of acute trusts responded that they have an organisational restraint reduction programme/policy.

Figure 76: 33% of staff agree that they have had training on reducing the use of restrictive interventions.

Figure 73: Do you hold risk assessments for each individual physical restraint technique taught to your staff?

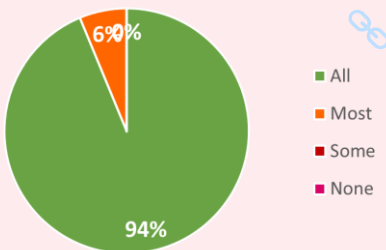


Figure 74: Our organisation provides individualised behaviour support plans, for all children, young people and adults with a learning disability or autistic people, who have been assessed as being at risk of being exposed to restrictive interventions.

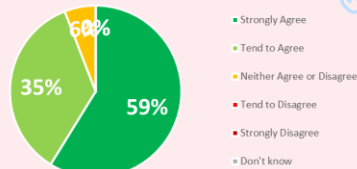


Figure 75: Do you have an organisational restraint reduction programme/policy?

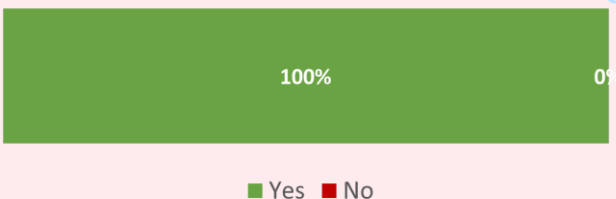
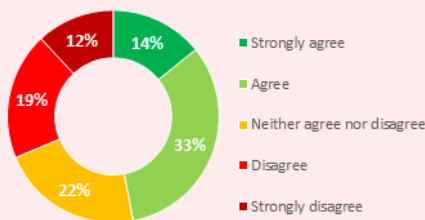


Figure 76: I have had training on reducing the use of restrictive interventions.





5. Conclusion and next steps

We would like to express our thanks to all contributors during this particularly challenging period for the NHS, yet a large majority of trusts, staff members and service users have continued to contribute to the Improvement Standards collection. The longitudinal analysis gathered from this collection will allow a narrative to develop on how NHS-commissioned services have progressed over the last four years for people with a learning disability and/or autism.

The NHS Benchmarking Network would like to thank all participants who provided their data for the Year 6 data 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 future of the improvement standards, please contact the project team via nhsbn.nhsildsupport@nhs.net.