



# Learning Disability Improvement Standards

Performance against the learning disability  
improvement standards

Findings from the Year 7 National  
Benchmarking exercise 2023/24

**DRAFT REPORT AWAITING REVIEW**



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# Acknowledgements

We would like to thank **Learning Disability England (LDE)** for their invaluable support in facilitating the regional patient focus groups. With particular thanks to **Dudley Voices for Choices** (Midlands), **Skills for People** (North East), and **ACE Anglia** (East of England) for their dedication to organising these important sessions and for ensuring that the voices of individuals with learning disabilities and autistic people were heard.

Most importantly, we would like to thank the **participants of the focus groups**. Their willingness to share their lived experiences, insights, and feedback has enriched the data collection, ensuring the patient voice is front and centre. Their perspectives will play a key role in driving improvements to make healthcare more inclusive and accessible.

## How to read this report

This report highlights the national findings from the seventh round of data collection for the Learning Disability Improvement Standards project 2023/24. The national findings referenced in this report are displayed in chart format in [Appendix 1](#). The data source and total number of responses is included for each chart.

For a breakdown of the key findings by organisation type see [Appendix 2](#).

[Appendix 3](#) includes all the findings from the Friends and Family Survey.

Hyperlinks are included throughout to link to relevant resources or further information.



# Introduction

The Learning Disability Improvement Standards project is a data collection initiative aimed at evaluating how well organisations comply with the NHS England Learning Disability Improvement Standards. These standards, introduced in 2018, focus on ensuring that NHS services provide high-quality, personalised, and safe care for individuals with a learning disability and autistic people.

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

- 1. **Respecting and Protecting Rights**
- 2. **Inclusion and Engagement**
- 3. **Workforce**
- 4. **Specialist Learning Disability Services**

A trust's compliance with these standards demonstrates its commitment to providing the right structures, processes, workforce, and skills to meet the needs of individuals with a learning disability and autistic people, while also promoting continuous quality improvement.

This report is based on the seventh national data collection in 2024/25, measuring NHS Trusts' performance. The data is collected from four levels:



**Organisation level** questions on policies and protocols within organisations', activity, workforce and service quality.



**Staff Survey** responses from those involved in the care of people with a learning disability or autistic people.



**3 regional focus groups** held to capture the experiences of individuals with a learning disability and autistic people.



**Friends and Family Survey** completed by families of individuals with a learning disability and autistic people who accessed hospital care in the last year.

In year 7, **165** organisations across England registered to participate with **144** submitting organisational level surveys.

This consisted of **97** acute trusts, **37** mental health trusts, **8** community trusts and **2** ambulance trusts.

**38** of trusts that submitted data were organisations that provided specialist learning disability and autism services.



**144** Organisational level surveys



**5,002** Staff surveys completed



**3** Patient focus groups



**260** Family & Friends surveys completed

## Hyperlinks

[Background, aim and scope](#)

[Patient focus group resources](#)

[Methodology](#)

[Data and improvement tool](#)



# Learning Disability Year 7 Improvement Standards

## Key findings at a glance (national)



165

Trusts registered



144 organisations  
submitted data



5,002 staff  
surveys submitted



260 friends and family  
surveys submitted



### Organisational Survey



**67%**

of Trusts prioritise people with a learning disability or autistic people within their triage processes



**69%**

of Trusts use "Ask Listen Do" resources to improve feedback and complaints handling for people with a learning disability or autistic people



**73%**

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



### Staff Survey



**72%**

of staff felt confident identifying reasonable adjustments for people with a learning disability or autistic people



**78%**

of staff routinely involve people with a learning disability or autistic people in decisions about their care



**89%**

of staff have received mandatory training on meeting the needs of people with a learning disability or autistic people.



### Friends and Family Survey



**61%**

of friends and family felt the hospital staff treated their relative with respect



**50%**

of friends and family felt appointments and meetings were arranged in a way that helped them contribute and feel involved.



**49%**

of friends and family would recommend the service to a friend or family member, who needed treatment in hospital.



# Standard 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.

## KEY FINDINGS

**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.

### 1. Triage Processes and Prioritisation



**67%** of Trusts reported that they prioritise people with a learning disability or autistic people within their triage processes (figure 1). This reflects a slight improvement from the **63%** reported in 2022/23, indicating continued focus on equitable access.

### 2. Staff Confidence in Identifying Reasonable Adjustments



**72%** of staff respondents felt confident in identifying the necessary reasonable adjustments for people with a learning disability or autistic people (figure 2). This figure remained stable compared to previous years. Mental Health Trusts reported **79%** agreement, although this was a decrease from **84%** in 2022/23.

### 3. Confidence in Providing Necessary Adjustments



**53%** of staff respondents were confident that people with a learning disability or autistic people always receive the reasonable adjustments they need (figure 3). This is a slight decrease from the **54%** reported in the previous year.

**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.

### 4. Identification of Waiting List Patients



**70%** of Trusts reported being able to identify people with a learning disability or autistic people on waiting lists for assessments and/or treatments (figure 4), an increase from 2022/23. Acute Trusts showed the most improvement, with **72%** reporting this capability, up from **62%** last year.

### 5. Electronic Identification and Recording Systems



**77%** of staff respondents reported having an electronic system for identifying and recording people with a learning disability or autistic people (figure 5), showing a slight increase from **74%** in 2022/23.



# Standard 1. Respecting and Protecting Rights

## 6. Patients with LD Flag in EPR



The median percentage of patients with a learning disability flag in the Electronic Patient Record (EPR) was **0.3%** (figure 6), an increase from **0.2%** in 2022/23. A notable decrease was observed in Mental Health Trusts, where the percentage dropped from **2.8%** to **1.4%**.

**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.

## 7. Trust Investigations and Staff Communication on Patient Deaths



**41%** of staff respondents agreed or strongly agreed that findings from investigations into the deaths of people with a learning disability or autistic people are shared with the staff team (figure 7).

## 8. Reporting of Deaths to LeDeR



On average, **17** people with a learning disability or autistic people under the care of a Trust were reported to LeDeR following their death (figure 8), a slight increase from the **16** reported the previous year.

**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.

## 9. Restraint and Use of Force Policies



**87%** of Trusts reported having a policy on the use of force to restrain people with a learning disability or autistic people (figure 9), with Mental Health Trusts reporting a decrease from **97%** in 2022/23 to **92%** this year.

## 10. Implementation of the Use of Force Act 2018



**63%** of Trusts had processes in place to implement the Use of Force Act 2018 (figure 10), an increase from **54%** in 2022/23. Acute Trusts showed significant improvement, rising by 11 percentage points, while Mental Health Trusts increased by 3 percentage points.

**Improvement measure 1.5:** Trusts must have measures to promote anti-discriminatory practice in relation to people with learning disabilities, autism or both.

## 11. Comparison of Emergency Readmission Rates



**40%** of Trusts reported comparing the emergency readmission rates of people with a learning disability to those without (figure 11), representing an increase from **38%** in 2022/23. This comparative analysis is key to identifying and addressing disparities in care outcomes.

## 12. Quality of Care for Individuals with Learning Disabilities or Autism



**61%** of staff respondents agreed that people with a learning disability or autistic people receive the same quality of care as other patients (figure 12), a slight decrease from **62%** in 2022/23.



## Standard 2. Inclusion and Engagement

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.

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”.

### KEY FINDINGS

**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.

#### 1. Representation on Trust Governance



Only **38%** of Trusts have a dedicated position for people with a learning disability or their family/carers on the Trust council or board sub-committees (figure 13), a slight increase from **36%** in 2022/23.

#### 2. Involvement in Care and Treatment Decisions



**78%** of staff respondents indicated that they routinely involve people with a learning disability or autistic people in decisions about their care (figure 14). Involving families appears to be more likely, with **80%** of staff respondents reporting regular family involvement in care planning (figure 15) —an increase from **79%** in 2022/23. This suggests a continued emphasis on collaborative, person-centred care, with a stronger focus on engaging patients in the decision-making process.

**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.

#### 3. Use of “Ask Listen Do” Resources



**69%** of Trusts use “Ask Listen Do” resources to improve feedback and complaints handling for people with a learning disability or autistic people (figure 16), an increase from **65%** in 2022/23. Mental Health Trusts showed the highest uptake, rising from **69%** to **74%**.

#### 4. Complaints Related to Learning Disability Care



The median percentage of complaints related to the care of people with a learning disability remained unchanged at **0.8%** in year 7 (figure 17).



# Standard 2. Inclusion and Engagement

**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.

## 5. Involvement in Service Planning



Only **31%** of staff respondents reported that people with a learning disability or autistic people are routinely involved in the planning of Trust services (figure 18), reflecting no change from the 2022/23 results. Similarly, **31%** of staff said that families are regularly included in service planning (figure 19), indicating that levels of involvement have remained static over the past year.

**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.

## 6. Quality checking and improvement plans



**71%** of Trusts reported that they actively involve people with a learning disability or autistic people, and their families in checking the quality of services and developing improvement plans (figure 20). This represents a significant increase from **63%** in the previous year, highlighting substantial progress in embedding co-production and person-centred practices across services.

## 7. Do Not Attempt Resuscitation (DNACPR) Policy



**31%** of staff respondents agreed that their Trust has a clear policy for double-checking the validity of DNACPR forms for people with a learning disability or autistic people (figure 21), consistent with the previous year's data.

**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.

## 8. Staff Communication on Rights



**36%** of staff respondents agreed that they always inform people with a learning disability and their families about their rights when using services (figure 22), a slight decrease from **37%** in 2022/23.



## Standard 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.

### KEY FINDINGS

**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.

#### 1. Involvement in Awareness Training



In the latest survey, **44%** of staff respondents agreed or strongly agreed that people with a learning disability are involved in delivering awareness training (figure 23). This marks an increase of 8 percentage points from the **36%** reported in Year 6. The rise appears to be driven by increases in both Acute and Community Trusts, where figures rose to **46%** and **31%** respectively, up from **35%** and **26%** in 2022/23.

#### 2. Induction Programme Involvement



A total of **23%** of Trusts reported involving people with a learning disability or autistic people in their staff induction programme (figure 24). This represents a modest increase from **20%** in Year 6.

**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.

#### 3. Mandatory Training



There was a rise in the percentage of staff respondents who reported receiving mandatory training on meeting the needs of people with a learning disability and autistic people (figure 25), increasing from **84%** in 2022/23 to **89%**.



## Standard 3. Workforce

### 4. Resources and Skills



**Half** of all staff respondents agreed or strongly agreed that they have the necessary resources to meet the needs of people with a learning disability or autistic people (figure 26).

Meanwhile, **73%** agreed or strongly agreed that they have the knowledge and skills to do so (figure 27). While the former figure has remained unchanged, the latter is a 3 percentage point increase from that reported in Year 6.

**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.

### 5. Learning Disability Nurse Staffing



The median number of whole-time equivalent (WTE) registered learning disability nurses employed remained at **0.2** per 100 patients with a learning disability flag in the electronic patient record (figure 28), consistent with the previous year. Of those employed, **44%** were working at Band 6 (figure 29).

### 6. Access to Additional Learning Disability Staff



**66%** of staff respondents agreed or strongly agreed that they have access to additional learning disability staff when needed to help meet the needs of children, young people, and adults with a learning disability (figure 30). This includes **68%** of staff in both Acute and mental health Trusts, and **46%** in Community Trusts.

### 7. Workforce Planning



Workforce planning has progressed, with **55%** of all Trusts reporting that their workforce plans include support for the development of new roles (figure 31). When broken down by trust type, **43%** of Acute Trusts, **71%** of Community Trusts, and **85%** of Mental Health Trusts reported such provisions.

**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.

### 8. Safe Care Delivery



**66%** of staff respondents agreed or strongly agreed that they are always able to deliver safe care to people with a learning disability or autistic people (figure 32).

### 9. Board-Level Oversight



Board-level oversight remains strong, with **90%** of Trusts having a designated board-level lead responsible for monitoring and assuring the quality of services provided to people with a learning disability or autistic people (figure 33).



# 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.

## KEY FINDINGS

**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.

### 1. Crisis Support & Community Services



A growing number of Trusts providing intensive community support services now offer crisis support, with **73%** reporting provision in this area (figure 34), a significant increase from **52%** in 2022/23. Additionally, **57%** of these Trusts deliver intensive support seven days a week (figure 35), representing a 6-percentage point improvement on the previous year. This reflects ongoing efforts to ensure consistent and responsive care for individuals with a learning disability and autistic people in community settings.

### 2. Community-Based Support



Over half (**57%**) of staff respondents agreed that their Trust has developed effective and innovative approaches to support people with a learning disability and autistic people to live successfully in the community (figure 36). This demonstrates continued progress in promoting independence and quality of life outside hospital settings.

**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.

### 3. Monitoring Discharges



Monitoring of discharge processes continues to improve. **84%** of Trusts now monitor both target discharge dates and actual discharge outcomes (figure 37), up from **75%** in 2022/23. In addition, **87%** of Trusts report maintaining a dynamic support and risk register to track and respond to the needs of people with a learning disability and autistic people (figure 38).

### 4. In-Reach Support in Universal Services



A high proportion (**80%**) of Trusts providing specialist learning disability services have established protocols for in-reach support to individuals with a learning disability and autistic people who are admitted to universal mental health services (figure 39). This supports continuity of care and ensures access to appropriate specialist input.

### 5. Advocacy Access



Access to advocacy continues to expand. **86%** of Trusts now provide support for people to access a range of advocacy services, including peer advocacy (figure 40), up from **72%** in 2022/23.



# Standard 4. Specialist Learning Disabilities Services

**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.

## 6. STOMP/STAMP Implementation



Implementation of the national STOMP (Stopping Over Medication of People with a Learning Disability, Autism or Both) and STAMP (Supporting Treatment and Appropriate Medication in Paediatrics) initiatives continues to progress. Currently, **95%** of Trusts are signed up to the national STOMP programme (figure 41), and **90%** have formally signed the STOMP pledge (figure 42), reflecting slight but positive increases from **91%** and **89%** respectively in 2022/23. Additionally, **76%** of Trusts now have policies in place to safeguard individuals from the inappropriate prescribing of psychotropic medication (figure 43), reinforcing a commitment to person-centred, evidence-based prescribing practices.

## 7. Involvement in Medication Reviews



Only **43%** of staff respondents agreed or strongly agreed that people with a learning disability, autistic people and family/carers are routinely involved in reviewing the use of psychotropic medications (figure 44). This highlights an important area for improvement, particularly in ensuring that individuals and families are active participants in decisions about medication and ongoing care.

**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.

## 8. Care Coordination (Out-of-Area Placements)



**67%** of Trusts reported that they continue to provide care coordination for individuals placed in out-of-area inpatient services (figure 45). This support is essential to maintaining continuity of care and ensuring that people placed outside of their local area remain connected to their care teams and local services.

## 9. Visiting and Community Contact During Hospital Stay



Feedback suggests inconsistency in ongoing support for individuals during hospital admissions. **58%** of staff respondents neither agreed nor disagreed that patients are visited by an external care coordinator or equivalent at least every 6 to 8 weeks (figure 46). Meanwhile, **48%** agreed or strongly agreed that patients continue to receive input from their usual community service staff during their stay (figure 47).



# Standard 4. Specialist Learning Disabilities 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.

## 10. Restraint Risk Assessments and Reduction Programmes



**97%** of specialist learning disability Trusts now hold risk assessments for all physical restraint techniques taught to staff (figure 48), up from 90% in 2022/23. In addition, **98%** of these Trusts report having an organisational restraint reduction programme or policy in place (figure 50), reflecting a notable rise from **91%** the previous year.

## 11. Behaviour Support Plans



**93%** of Trusts reported providing individualised behaviour support plans for children, young people, and adults with a learning disability or autistic people who have been assessed as being at risk of restrictive interventions (figure 49).

## 12. Staff Training



**60%** of staff respondents agreed or strongly agreed that they have received training focused on reducing the use of restrictive interventions (figure 50), representing a modest improvement from **58%** in 2022/23. Continued emphasis on staff development in this area is critical to reducing reliance on restrictive practices.



# Patient Focus Groups on NHS Improvement Standards

## Voices of people with a learning disability and autistic people

As part of a national effort to enhance NHS services, NHS Benchmarking Network partnered with [Learning Disability England \(LDE\)](#), a member led organisation working to improve the lives of people with learning disabilities. LDE supported the delivery of three regional patient focus groups, conducted to gather feedback from individuals with learning disabilities, autism, or both. These sessions provided a vital platform for participants to share their lived experiences and offer insights to help shape more inclusive and effective healthcare services.

The discussions were structured around questions related to the **NHS Learning Disability Improvement Standards**, ensuring that the voices of people with learning disabilities were central to the conversation. The goal was to reflect these voices in future service improvements, ensuring that NHS care is accessible, supportive, and person-centered.

The focus groups were facilitated by the following organisations:

- [Dudley Voices for Choices \(Midlands\)](#)
- [Skills for People \(North East\)](#)
- [ACE Anglia \(East of England\)](#)

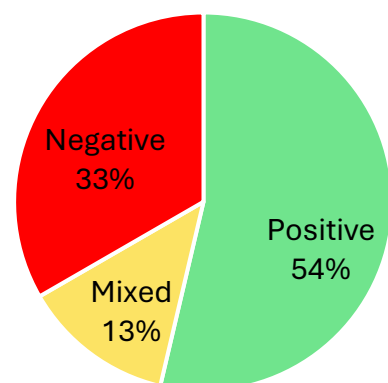


These organisations have extensive experience in supporting individuals with learning disabilities and autistic people, and their expertise was instrumental in creating a safe and welcoming environment for participants to share their feedback.

**46** individuals with learning disabilities shared their experiences of using NHS services. The focus groups were guided by questions covering key areas such as dignity and respect, communication, reasonable adjustments, safety, and support. In total, **176** comments were gathered and carefully analysed to identify common themes, challenges, and areas for improvement.

Just over **half** the feedback referred provided related to a positive experience using NHS services, with **13%** mixed and **33%** negative.

Good care for individuals with learning disabilities and autistic people involves a **person-centered approach**, clear and accessible **communication**, and **respect** for their autonomy and dignity. This includes offering choices in care, ensuring information is explained simply, and providing enough time for patients to process and ask questions. Involving family or support workers, making reasonable adjustments (like quieter spaces or flexible scheduling), and treating individuals with respect are key aspects.



Poor care, however, is characterised by a **lack of choice and control**, **poor communication**, and **disrespect**, where patients are ignored or not listened to. Long waiting times, confusion due to unclear explanations, and failure to provide necessary adjustments, such as reading hospital passports or offering accessible materials, lead to increased anxiety, frustration, and a sense of disempowerment for patients.



# Patient Focus Groups on NHS Improvement Standards

Alongside these valuable insights, **48** suggestions for improvement were submitted, offering actionable ideas to help enhance the quality of care and services provided to people with learning disabilities. These contributions are essential in ensuring that NHS services are continuously improved and made more accessible for everyone.

The following **six key themes** emerged from the discussions, offering clear guidance on how NHS services can be improved to better meet the needs of individuals with learning disabilities and autistic people.

1

## **Person-Centered Care and Respect**

Participants stressed the importance of being treated as individuals, with care tailored to their specific needs. Feedback from the groups emphasised the need for healthcare staff to properly consider hospital passports, these provide important care details for people with learning disabilities or autistic people.

2

## **Clear Communication and Accessible Information**

Clear and simple communication was a priority. Clear, up-to-date communication is crucial, along with providing easy access to information (e.g., Easy Read formats) helping to reduce anxiety and ensure understanding.

3

## **Adequate Time and Patience in Appointments**

Participants expressed the need for more time during appointments. They highlighted the importance of healthcare professionals being patient and giving individuals the time needed to fully understand and process information.

4

## **Training and Awareness for Healthcare Professionals**

Better staff training, particularly in learning disabilities and autism awareness, was strongly advocated. Participants called for healthcare professionals to have specialised training, like the Oliver McGowan programme, to approach care with respect and empathy.

5

## **Accessibility of Services and Support**

Participants raised concerns about the accessibility of services, including appointment times and long waiting periods. They recommended quieter appointment slots to reduce stress and emphasised the need for flexibility with follow-up appointments. They also noted that transportation and appointment location are key considerations.

6

## **Inclusion and Patient Voices**

Finally, participants stressed the importance of being listened to, both as individuals and with the support of their family and caregivers. They expressed frustration when healthcare staff spoke mainly to support workers instead of directly to them. Consistency in care and avoiding biases based on diagnosis were also key points to ensure patients' voices are heard and respected.

These themes highlight the need for a more inclusive, respectful, and patient-centered approach to healthcare for individuals with learning disabilities and autistic people.

More information regarding the patient focus group and additional resources can be found on the [LDIS portal](#).





# Learning Disability Improvement Standards

Performance against the learning disability  
improvement standards

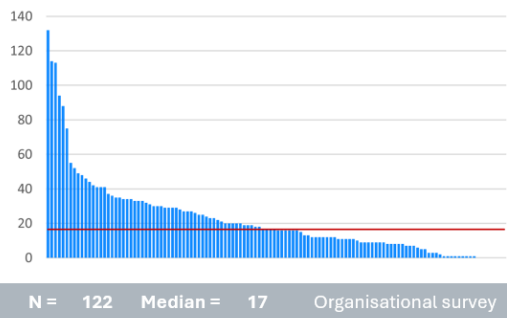
**Appendices**  
Year 7 National  
Benchmarking exercise 2023/24

# How to Read Report Charts

Below are three examples of organisational level and staff survey level charts provided in this report. Please note that all charts in this report relate to the national position and therefore includes all trust types. Please note that charts may not sum to exactly 100% because of rounding adjustments.

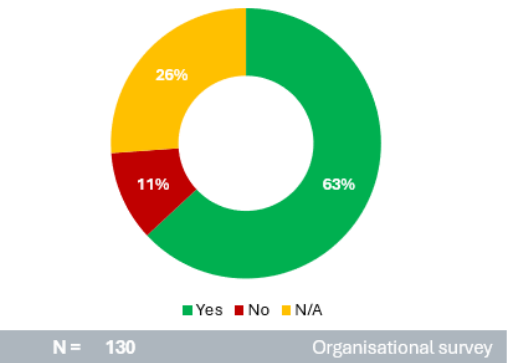
## Organisational Survey

Figure 8: 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?



This is an example of a column chart for numerical data. The chart title is included at the top and the red line depicts the national median. The grey bar at the bottom of the chart includes the number of responses (N), the national median figure, and the data source.

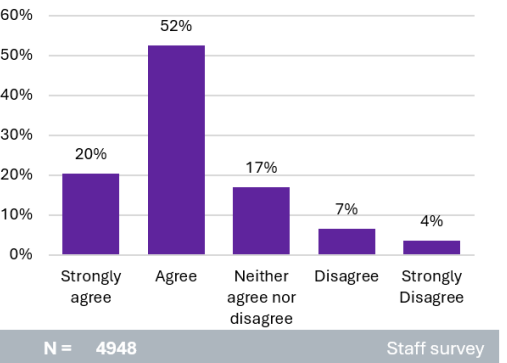
Figure 10: Does your organisation have processes in place to implement the requirements of the Use Of force Act 2018?



This is an example of a pie chart typically used for Yes/No/Not Applicable questions. The chart title is included at the top with a figure legend underneath each chart. The grey bar at the bottom of the chart includes the number of responses (N) and the data source.

## Staff Survey

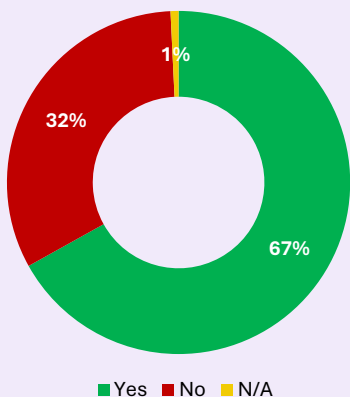
Figure 2: I feel able to identify what reasonable adjustments are needed for children, young people and adults with a learning disability or autistic people.



This is an example of a column chart used for Likert scale questions. The chart title is included at the top of the chart. The grey bar at the bottom of the chart includes the number of responses (N) and the data source.



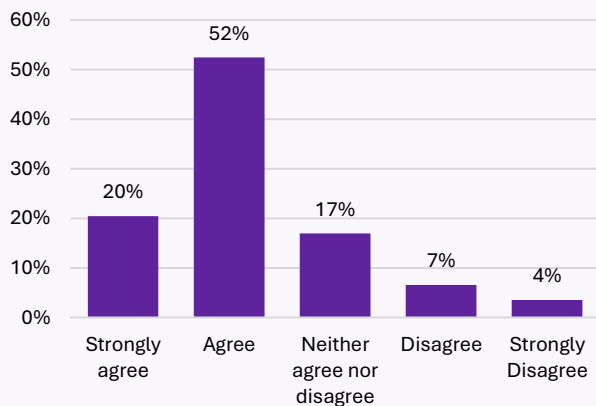
Figure 1: Does your organisation's triage processes prioritise children, young people and adults with a learning disability, or autistic people?



N = 133

Organisational survey

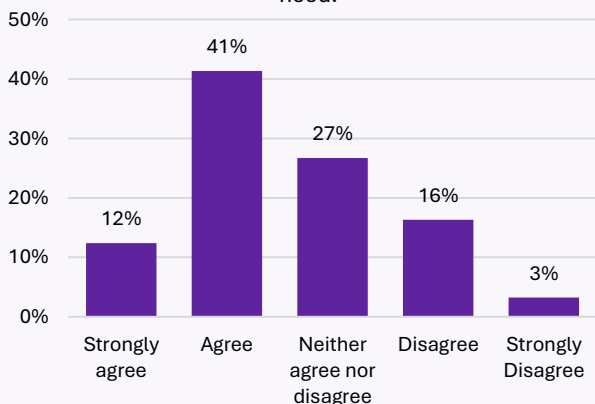
Figure 2: I feel able to identify what reasonable adjustments are needed for children, young people and adults with a learning disability or autistic people.



N = 4948

Staff survey

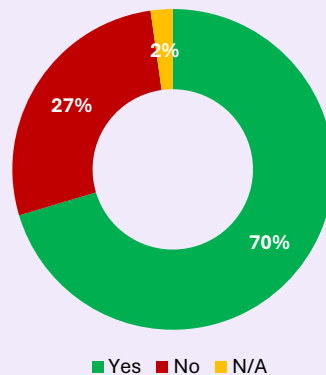
Figure 3: I am confident that children, young people and adults with a learning disability or autistic people using my service always receive the reasonable adjustments they need.



N = 4957

Staff survey

Figure 4: 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 assessment and/or treatment?

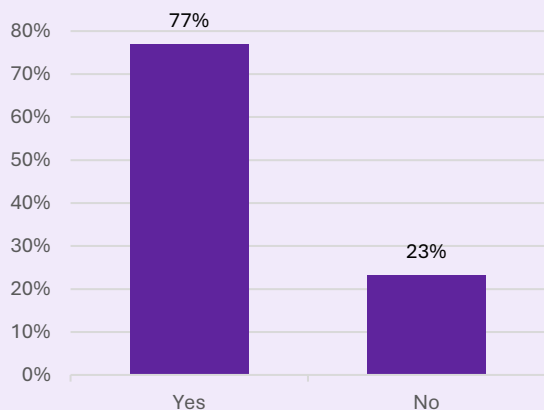


■ Yes ■ No ■ N/A

N = 135

Organisational survey

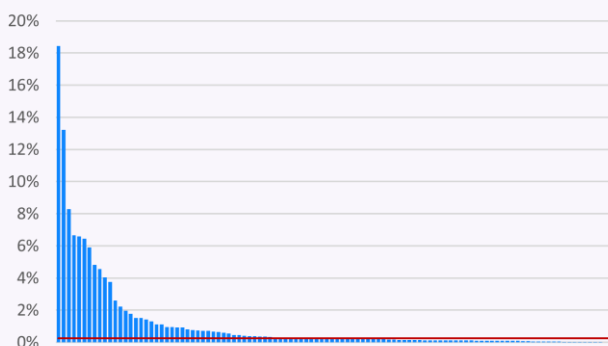
Figure 5: Is an electronic system in place in your trust for identifying and recording that a child, young person or adult has a learning disability



N = 5002

Staff survey

Figure 6: Number of patients with an LD flag on the EPR as a % of all patients on the EPR.



N = 108 Median = 0.3% Organisational survey



Figure 7: 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.

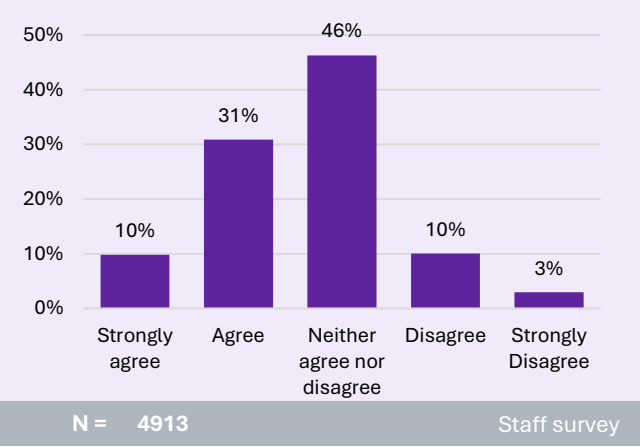


Figure 8: How many people with a learning disability or a clinical diagnosis of autism, under the care of the trust and who died whilst on an active caseload or within three months of their case being closed, were notified to LeDeR?

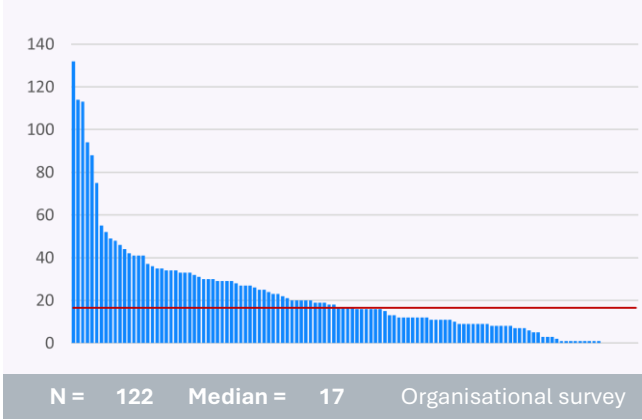


Figure 9: Do you have a policy on the use of physical interventions used to hold or restrain children, young people and adults with a learning disability and/or autistic people, who lack the competence or capacity to consent?

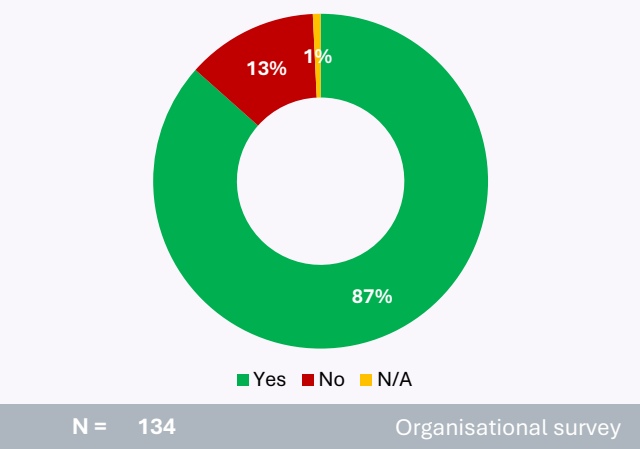


Figure 10: Does your organisation have processes in place to implement the requirements of the Use Of force Act 2018?

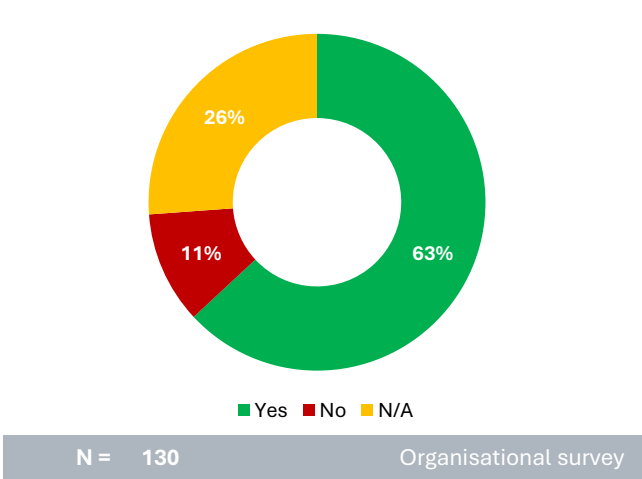


Figure 11: Do you monitor/compare the emergency readmission rates for children, young people and adults with a learning disability, with those of people without learning disabilities?

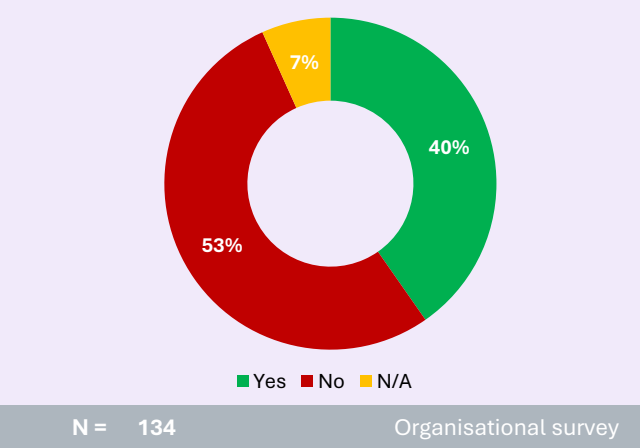


Figure 12: Children, young people and adults with a learning disability or autistic people get the same quality of care as any other person.

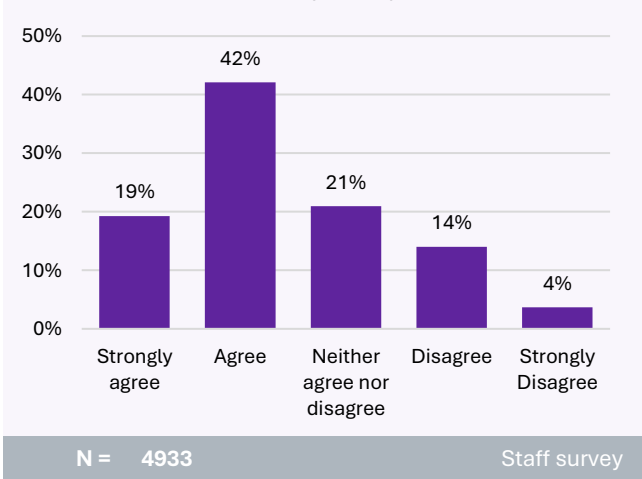
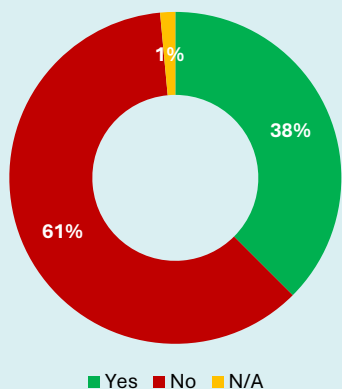


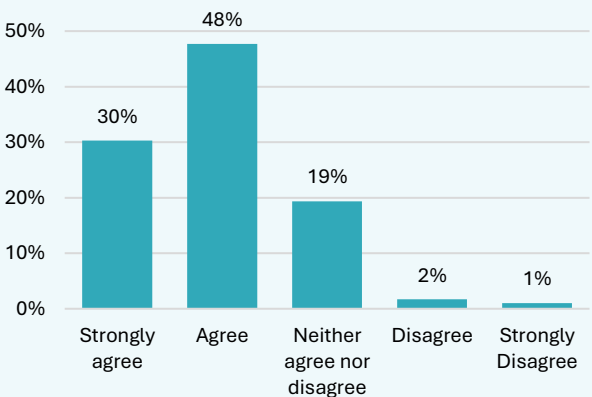
Figure 13: Do you have a dedicated post/position for a person(s) with a learning disability or their family carers on your Trust council of governors and/or any of your Trust Board sub-committees?



N = 136

Organisational survey

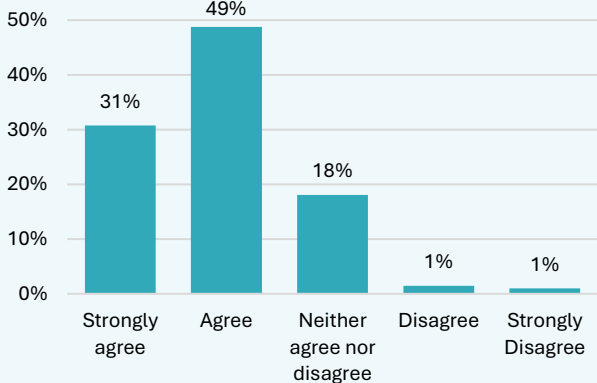
Figure 14: I routinely involve children, young people and adults with a learning disability, and autistic people when making decisions about their care and treatment.



N = 4932

Staff survey

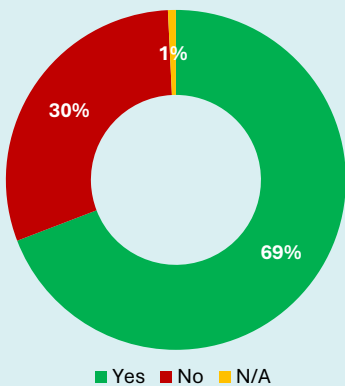
Figure 15: I routinely involve the families of children, young people and adults with a learning disability, and autistic people, when making decisions about their care and treatment.



N = 4911

Staff survey

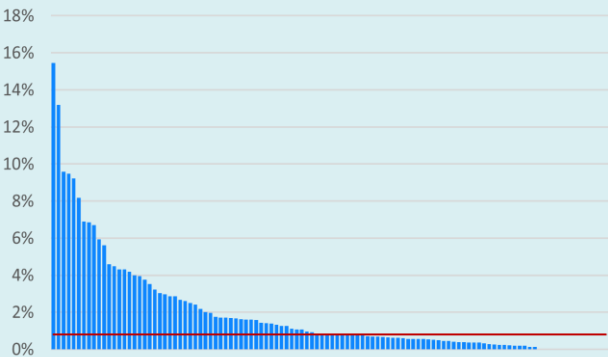
Figure 16: Is your organisation using "Ask Listen Do" good practice resources to improve feedback, concerns and complaints for children, young people and adults with a learning disability, autistic people and families?



N = 133

Organisational survey

Figure 17: Total number of complaints received, regarding the care and treatment of people with a learning disability as a % of total complaints.

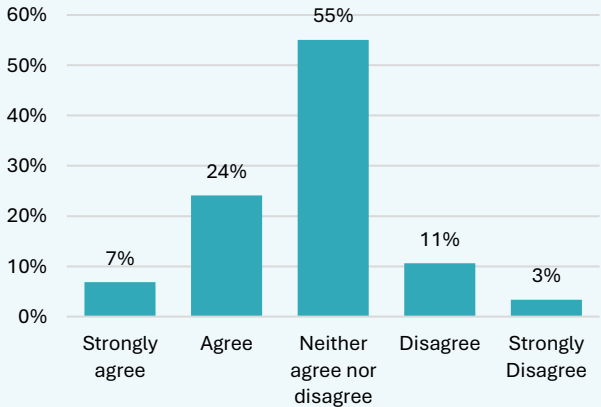


N = 110

Median = 0.8%

Organisational survey

Figure 18: Children, young people and adults with a learning disability are routinely involved in the planning of Trust services.

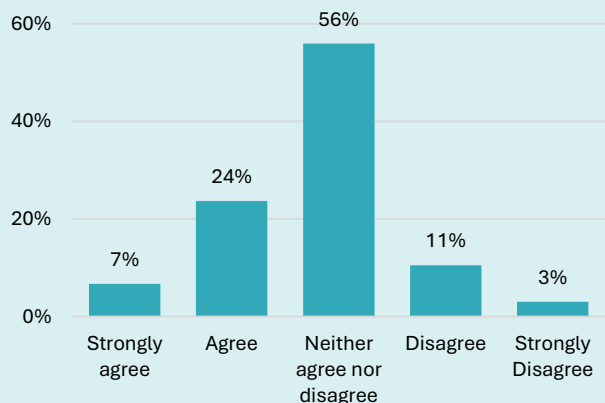


N = 4907

Staff survey



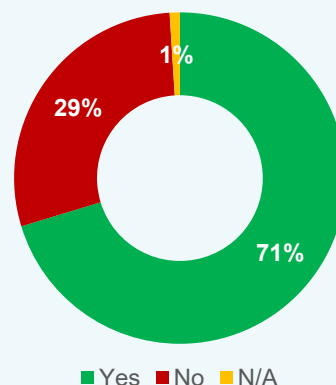
Figure 19: Families of children, young people and adults with a learning disability are routinely involved in the planning of Trust services.



N = 4986

Staff survey

Figure 20: Does your organisation actively involve people with a learning disability or autistic people and their families in checking the quality of the services being provided and developing improvement plans as a result?

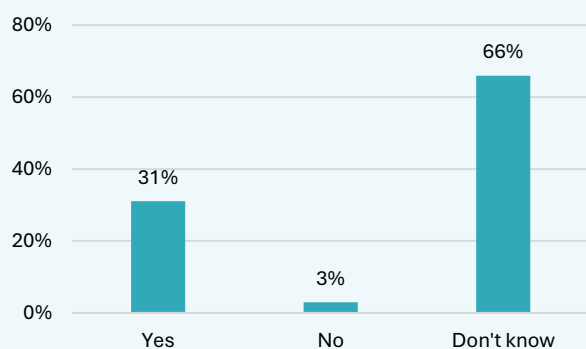


■ Yes ■ No ■ N/A

N = 133

Organisational survey

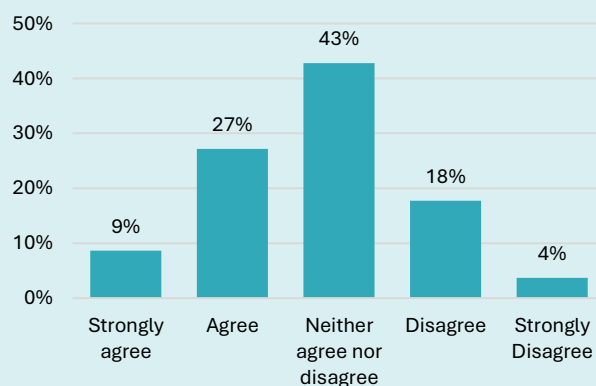
Figure 21: In your Trust, if a Do Not Attempt Cardio-Pulmonary Resuscitation (DNACPR) form (or equivalent) is completed for a child, young person or adult with a learning disability or autistic people, is there a clear policy to double check, to ensure that there is a valid reason?



N = 3690

Staff survey

Figure 22: Staff in the Trust always tell children, young people and adults with a learning disability or autistic people and families about their rights when using services.

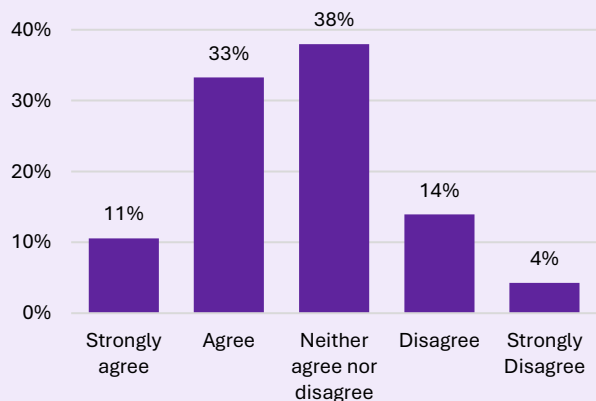


N = 4914

Staff survey



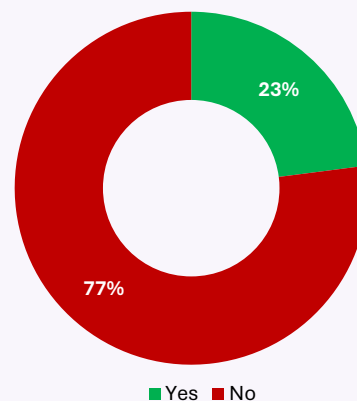
Figure 23: Children, young people and adults with a learning disability are involved in delivering awareness training to staff in my Trust.



N = 4920

Staff survey

Figure 24: Does your Trust induction programme invite children, young people and adults with a learning disability or autism to contribute to staff training?

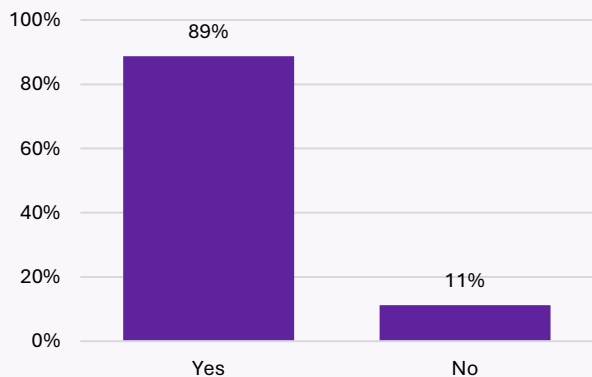


■ Yes ■ No

N = 135

Organisational survey

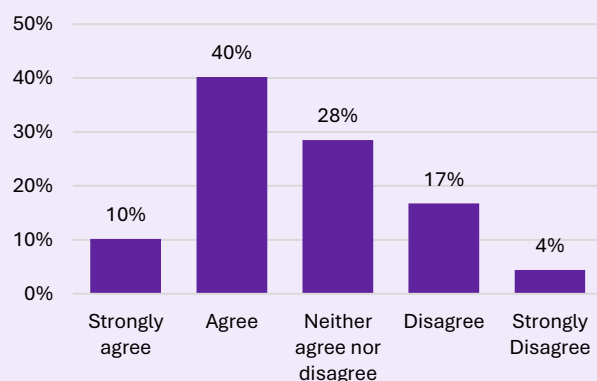
Figure 25: I have received mandatory training on meeting the needs of children, young people and adults with a learning disability, and autistic people, during the course of my work.



N = 4930

Staff survey

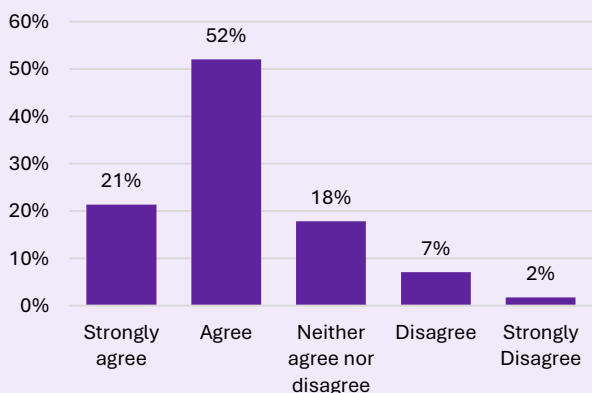
Figure 26: I have the necessary resources to meet the needs of children, young people and adults with a learning disability or autistic people e.g. communication needs, equipment.



N = 4952

Staff survey

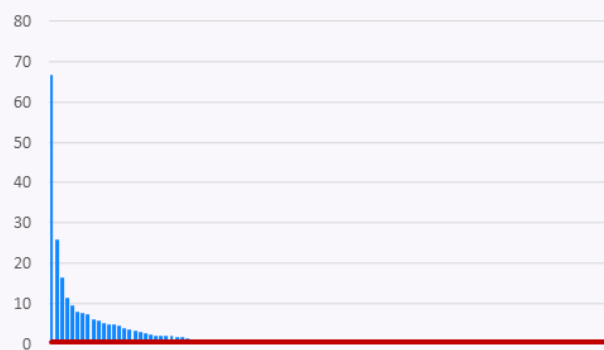
Figure 27: I feel I have the necessary knowledge and skills to meet the needs of children, young people and adults with a learning disability, and autistic people, during the course of my work.



N = 4943

Staff survey

Figure 28: Total number of registered learning disability nurses employed (WTE) per 100 patients with an LD flag on the EPR



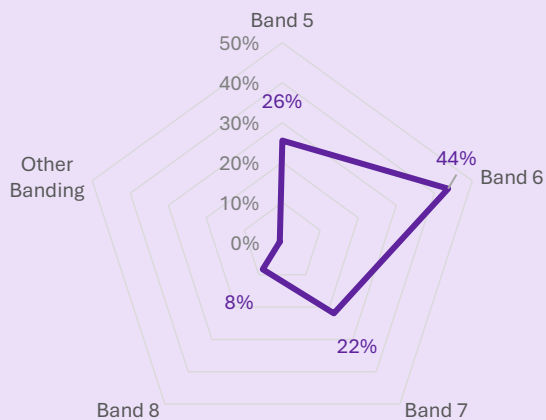
N = 107

Median = 0.2

Organisational survey

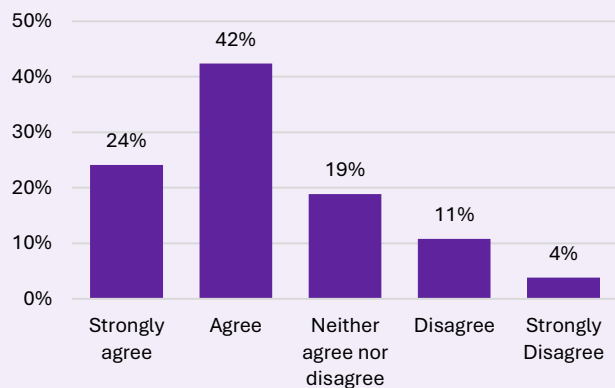


Figure 29: Registered LD nurses skill mix



Organisational survey

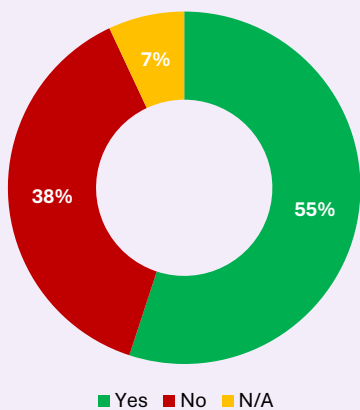
Figure 30: I have access to additional specialist learning disability staff when I need it, to help me meet the needs of children, young people and adults with a learning disability.



N = 4940

Staff survey

Figure 31: Does your workforce plan include provisions to support the development of new roles in learning disabilities care?

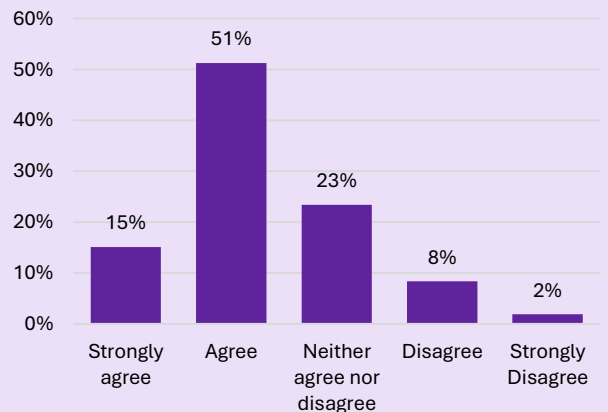


■ Yes ■ No ■ N/A

N = 129

Organisational survey

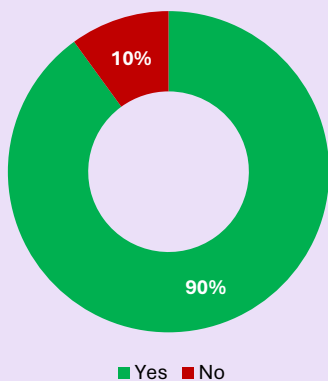
Figure 32: I am always able to deliver safe care to a child, young person, or adult with a learning disability or autistic people.



N = 4955

Staff survey

Figure 33: Does your organisation 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?



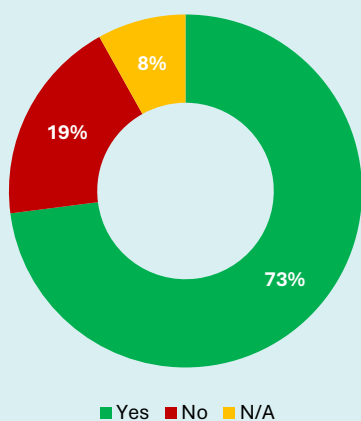
■ Yes ■ No

N = 130

Organisational survey



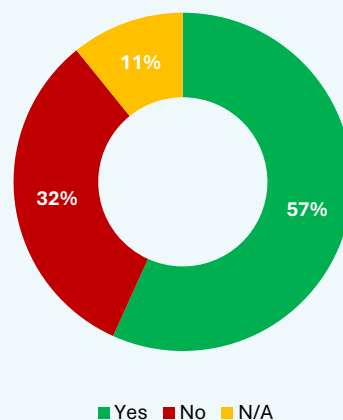
Figure 34: If you provide an intensive community support service, do the staff provide crisis support?



N = 37

Organisational survey

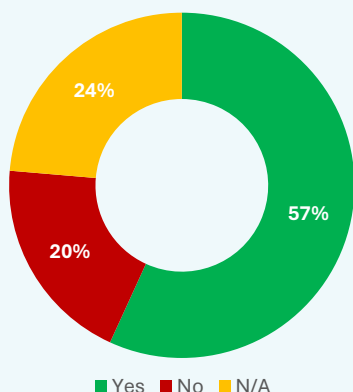
Figure 35: If you provide an intensive community support service, is it available 7 days per week?



N = 37

Organisational survey

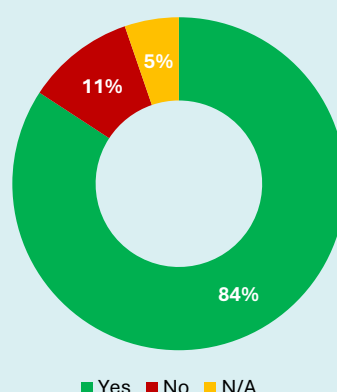
Figure 36: My Trust has developed effective and new ways of supporting children, young people and adults with a learning disability, and autistic people, to live successfully in the community in recent years.



N = 850

Staff survey

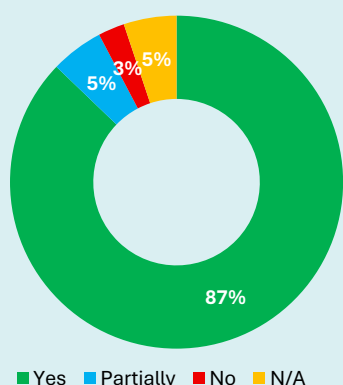
Figure 37: Does your organisation monitor target discharge dates and actual discharge dates for children, young people and adults with a learning disability, and autistic people, in hospital?



N = 38

Organisational survey

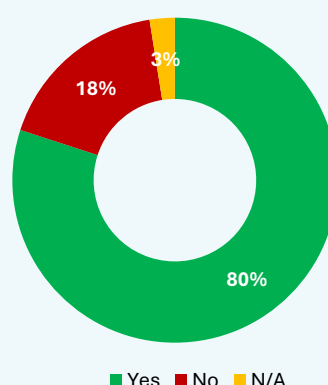
Figure 38: Do you operate a dynamic risk / support register with regard to children, young people and adults with a learning disability, and autistic people, in community settings?



N = 39

Organisational survey

Figure 39: Do specialist learning disability practitioners provide in-reach support, on the basis of an agreed protocol, where people with a learning disability are admitted to universal mental health services?

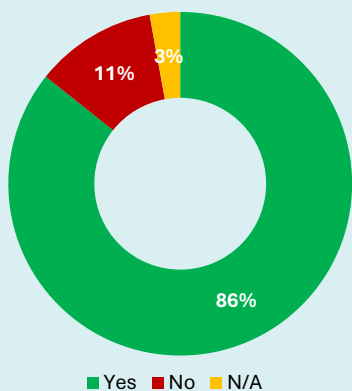


N = 40

Organisational survey



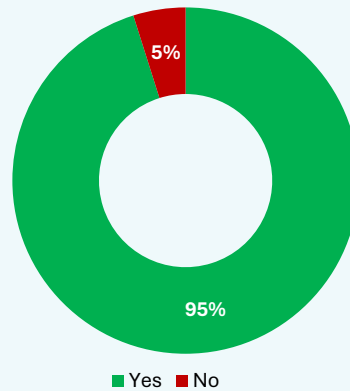
Figure 40: Are people supported to access other types of advocacy such as peer advocacy?



N = 35

Organisational survey

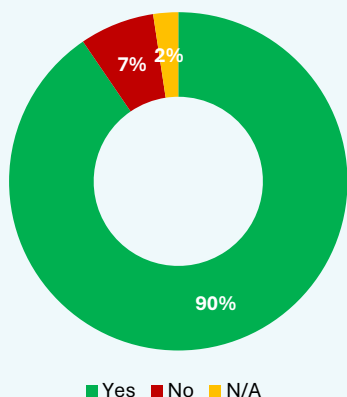
Figure 41: Is your Trust signed up to stopping over medication of adults with a learning disability and autistic people with psychotropic medication?



N = 41

Organisational survey

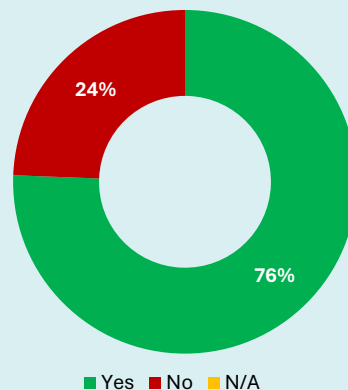
Figure 42: Has your organisation signed the STOMP pledge?



N = 42

Organisational survey

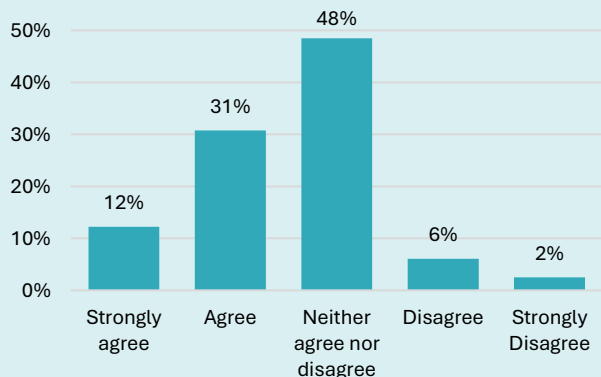
Figure 43: Does your organisation have a policy to safeguard children, young people and adults with a learning disability, and autistic people, from the inappropriate prescribing of psychotropic medication?



N = 41

Organisational survey

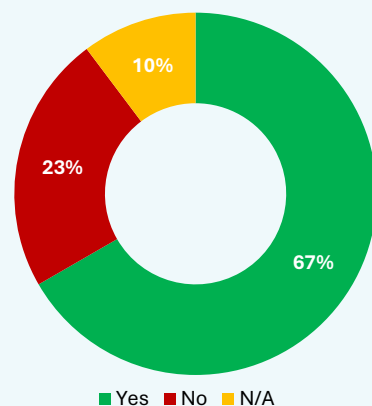
Figure 44: Children, young people and adults with a learning disability, autistic people and family carers are involved in reviewing the appropriateness of psychotropic medications.



N = 842

Staff survey

Figure 45: Do you continue to provide care coordination, where people are placed in out-of-area inpatient services?

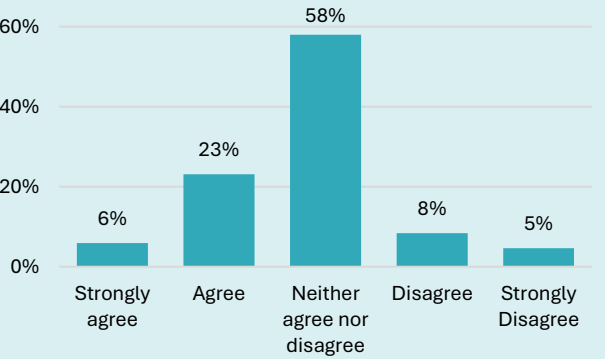


N = 39

Organisational survey



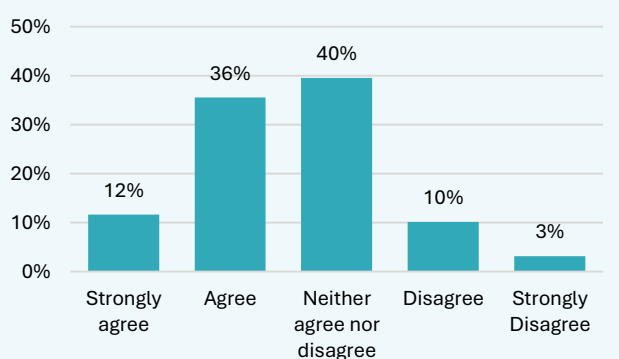
Figure 46: Children, young people and adults with a learning disability, and autistic people, who are in hospital because of concerns about their behaviour or mental health, are visited by an external care co-ordinator, case manager, or equivalent at least every 6-8 weeks.



N = 238

Staff survey

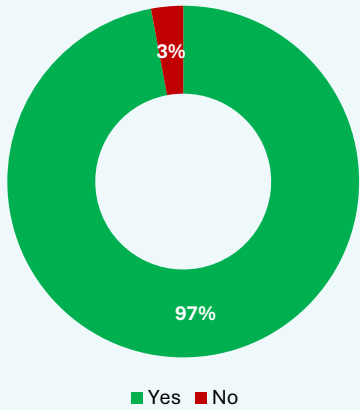
Figure 47: Children, young people and adults with a learning disability, and autistic people, who are in hospital because of concerns about their behaviour or mental health, continue to be seen by staff from their usual community services.



N = 850

Staff survey

Figure 48: Do you hold risk assessments for each individual physical restraint technique taught to your staff?

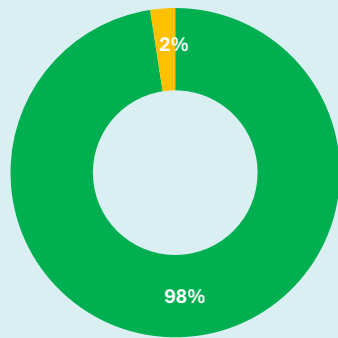


■ Yes ■ No

N = 34

Organisational survey

Figure 49: Do you have an organisational restraint reduction programme/policy?

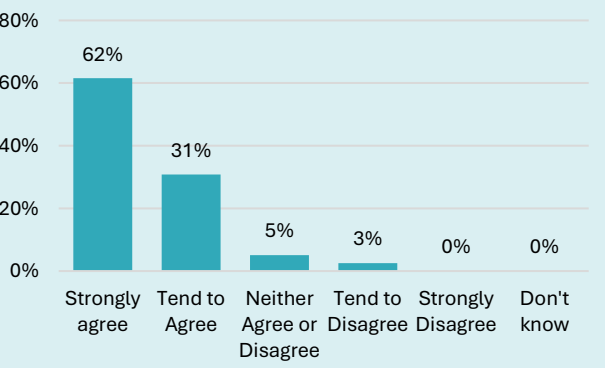


■ Yes ■ N/A

N = 41

Organisational survey

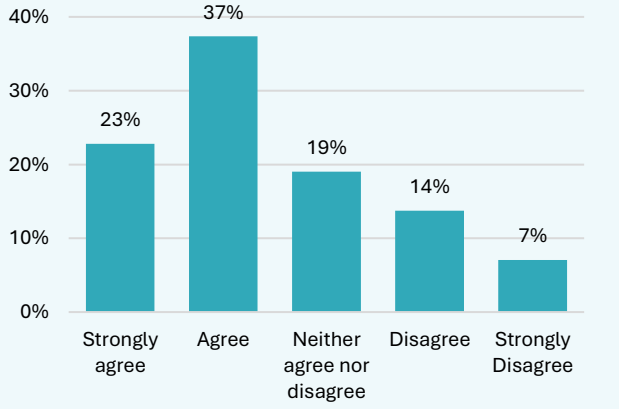
Figure 50: Our organisation provides individualised behaviour support plans, for all children, young people and adults with a learning disability or autistic people, who have been assessed as being at risk of being exposed to restrictive interventions.



N = 37

Organisational survey

Figure 51: I have had training on reducing the use of restrictive interventions.



N = 851

Staff survey



## Appendix 2: Key findings split by organisation type

Figure	Question	Source	Responses	Acute		Community		Mental Health	
				%	n =	%	n =	%	n =
1	Does your organisation's triage processes prioritise children, young people and adults with a learning disability, or autistic people?	OS	Yes	72%	65	63%	5	55%	18
			No	28%	25	38%	3	45%	15
			N/A	-	-	-	-	-	-
2	I feel able to identify what reasonable adjustments are needed for children, young people and adults with a learning disability or autistic people.	SS	Strongly Agree	17%	680	21%	59	35%	273
			Agree	54%	2099	54%	150	44%	347
			Neither agree nor disagree	18%	688	19%	52	13%	98
			Disagree	7%	282	4%	11	4%	32
			Strongly Disagree	4%	140	2%	5	4%	30
3	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.	SS	Strongly Agree	11%	433	13%	35	19%	145
			Agree	41%	1608	46%	130	40%	311
			Neither agree nor disagree	28%	1086	29%	82	20%	155
			Disagree	17%	652	10%	28	17%	129
			Strongly Disagree	3%	120	2%	5	5%	36
4	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 assessment and/or treatment?	OS	Yes	72%	65	75%	6	69%	24
			No	27%	24	25%	2	31%	11
			N/A	1%	1	-	-	-	-
5	Is an electronic system in place in your trust for identifying and recording that a child, young person or adult has a learning disability	SS	Yes	76%	2984	78%	220	82%	644
			No	24%	950	22%	62	18%	140
6	Number of patients with an LD flag on the EPR as a % of all patients on the EPR.	OS	Median	0.1%	N = 74	0.8%	N = 6	1.4%	N = 36
7	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.	SS	Strongly Agree	8%	325	11%	31	16%	127
			Agree	30%	1147	23%	63	40%	307
			Neither agree nor disagree	49%	1884	53%	144	32%	245
			Disagree	10%	391	10%	28	10%	75
			Strongly Disagree	3%	123	2%	4	2%	17
8	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?	OS	Median	16	N = 87	10	N = 6	30	N = 27
9	Do you have a policy on the use of physical interventions used to hold or restrain children, young people and adults with a learning disability and/or autistic people, who lack the competence or capacity to consent?	OS	Yes	85%	76	75%	6	92%	33
			No	13%	12	25%	2	8%	3
			N/A	1%	1	-	-	-	-
10	Does your organisation have processes in place to implement the requirements of the Use Of force Act 2018?	OS	Yes	53%	46	29%	2	97%	34
			No	14%	12	29%	2	-	-
			N/A	33%	28	43%	3	3%	1

OS = Organisational Survey

SS = Staff Survey

'-' = No Data



## Appendix 2: Key findings split by organisation type

Figure	Question	Source	Responses	Acute		Community		Mental Health	
				%	n =	%	n =	%	n =
11	Do you monitor/compare the emergency readmission rates for children, young people and adults with a learning disability, with those of people without learning disabilities?	OS	Yes	44%	39	13%	1	39%	14
			No	51%	45	63%	5	56%	20
			N/A	5%	4	25%	2	6%	2
12	Children, young people and adults with a learning disability or autistic people get the same quality of care as any other person.	SS	Strongly Agree	19%	737	23%	65	19%	148
			Agree	44%	1694	48%	135	32%	248
			Neither agree nor disagree	21%	815	18%	49	22%	170
			Disagree	13%	503	10%	27	21%	159
			Strongly Disagree	3%	131	1%	3	6%	47
13	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?	OS	Yes	34%	31	38%	3	46%	16
			No	64%	58	63%	5	54%	19
			N/A	2%	2	-	-	-	-
14	I routinely involve children, young people and adults with a learning disability, and autistic people when making decisions about their care and treatment.	SS	Strongly Agree	28%	1067	31%	87	44%	338
			Agree	49%	1899	49%	136	41%	316
			Neither agree nor disagree	21%	802	17%	47	14%	105
			Disagree	2%	70	1%	4	1%	10
			Strongly Disagree	1%	41	1%	4	1%	4
15	I 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.	SS	Strongly Agree	29%	1120	31%	85	39%	303
			Agree	51%	1953	45%	124	41%	317
			Neither agree nor disagree	18%	699	20%	56	17%	132
			Disagree	1%	51	2%	6	2%	14
			Strongly Disagree	1%	38	2%	5	1%	6
16	Is your organisation using "Ask Listen Do" good practice resources to improve feedback, concerns and complaints for children, young people and adults with a learning disability, autistic people and families?	OS	Yes	64%	58	100%	8	74%	25
			No	34%	31	-	-	26%	9
			N/A	1%	1	-	-	-	-
17	Total number of complaints received, regarding the care and treatment of people with a learning disability during 2021/22 as a % of total complaints.	OS	Median	0.7%	N = 82	3.1%	N = 5	2.2%	N = 35
18	Children, young people and adults with a learning disability are routinely involved in the planning of Trust services.	SS	Strongly Agree	7%	268	3%	8	8%	60
			Agree	24%	930	18%	49	26%	203
			Neither agree nor disagree	56%	2171	63%	172	46%	357
			Disagree	10%	380	12%	32	14%	110
			Strongly Disagree	3%	113	5%	14	5%	38
19	Families of children, young people and adults with a learning disability are routinely involved in the planning of Trust services.	SS	Strongly Agree	7%	266	3%	8	7%	55
			Agree	24%	927	17%	45	25%	188
			Neither agree nor disagree	57%	2184	64%	175	50%	381
			Disagree	10%	377	12%	32	14%	107
			Strongly Disagree	3%	102	4%	12	5%	35

OS = Organisational Survey

SS = Staff Survey

'-' = No Data



## Appendix 2: Key findings split by organisation type

Figure	Question	Source	Responses	Acute		Community		Mental Health	
				%	n =	%	n =	%	n =
20	Does your organisation actively involve people with a learning disability or autistic people and their families in checking the quality of the services being provided and developing improvement plans as a result?	OS	Yes	68%	62	86%	6	76%	25
			No	32%	29	14%	1	24%	8
			N/A	-	-	-	-	-	-
21	In your Trust, if 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 people, is there a clear policy to double check, to ensure that there is a valid reason?	SS	Yes	31%	1090	50%	4	39%	52
			No	3%	108	-	-	2%	2
			Don't Know	66%	2351	50%	4	59%	79
22	Staff in the Trust always tell children, young people and adults with a learning disability or autistic people and families about their rights when using services.	SS	Strongly Agree	8%	292	6%	16	15%	115
			Agree	26%	1004	27%	76	33%	256
			Neither agree nor disagree	45%	1725	47%	132	32%	245
			Disagree	18%	693	17%	47	17%	130
			Strongly Disagree	4%	145	3%	7	4%	29
			Strongly Agree	11%	423	5%	15	11%	82
23	Children, young people and adults with a learning disability are involved in delivering awareness training to staff in my Trust.	SS	Agree	35%	1347	26%	70	29%	220
			Neither agree nor disagree	38%	1471	41%	112	37%	283
			Disagree	13%	493	22%	60	17%	133
			Strongly Disagree	4%	143	6%	17	6%	49
			Strongly Agree	18%	16	29%	2	37%	13
			No	82%	75	71%	5	63%	22
24	Does your Trust induction programme invite children, young people and adults with a learning disability or autism to contribute to staff training?	OS	N/A	-	-	-	-	-	-
			Yes	89%	3441	85%	236	90%	698
			No	11%	435	15%	42	10%	76
25	I have received mandatory training on meeting the needs of children, young people and adults with a learning disability, and autistic people, during the course of my work.	SS	N/A	-	-	-	-	-	-
			Strongly Agree	9%	346	11%	31	16%	125
			Agree	41%	1582	41%	117	37%	291
			Neither agree nor disagree	30%	1149	30%	84	23%	178
			Disagree	17%	647	15%	42	18%	140
			Strongly Disagree	4%	167	3%	8	6%	43
26	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.	SS	Strongly Agree	19%	727	20%	55	35%	271
			Agree	54%	2093	56%	156	42%	324
			Neither agree nor disagree	19%	732	15%	41	14%	109
			Disagree	7%	278	7%	19	7%	52
			Strongly Disagree	1%	60	2%	6	2%	18
			Strongly Agree	19%	727	20%	55	35%	271
27	I feel I have the necessary knowledge and skills to meet the needs of children, young people and adults with a learning disability, and autistic people, during the course of my work.	SS	Agree	54%	2093	56%	156	42%	324
			Neither agree nor disagree	19%	732	15%	41	14%	109
			Disagree	7%	278	7%	19	7%	52
			Strongly Disagree	1%	60	2%	6	2%	18
			Strongly Agree	19%	727	20%	55	35%	271
			Agree	54%	2093	56%	156	42%	324
28	Total number of registered learning disability nurses employed (WTE) per 100 patients with an LD flag on the EPR	OS	Median	0.1	57	0.7	4	3.3	27

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## Appendix 2: Key findings split by organisation type

Figure	Question	Source	Responses	Acute		Community		Mental Health	
				%	n =	%	n =	%	n =
29	Registered LD nurses skill mix	OS	Band 5	23%	86.3 WTE	29%	49.0 WTE	26%	706.2 WTE
			Band 6	37%	137.6 WTE	35%	59.1 WTE	45%	1243.5 WTE
			Band 7	30%	108.9 WTE	25%	42.2 WTE	21%	572.4 WTE
			Band 8	8%	29.5 WTE	10%	17.2 WTE	8%	227.3 WTE
			Other Banding	1%	5.5 WTE		0 WTE	0%	13 WTE
30	I have access to additional specialist learning disability staff when I need it, to help me meet the needs of children, young people and adults with a learning disability.	SS	Strongly Agree	23%	903	10%	27	33%	259
			Agree	45%	1729	36%	100	34%	266
			Neither agree nor disagree	19%	730	29%	79	16%	123
			Disagree	10%	381	22%	61	12%	91
			Strongly Disagree	4%	142	4%	10	5%	37
31	Does your workforce plan include provisions to support the development of new roles in learning disabilities care?	OS	Yes	43%	37	71%	5	85%	29
			No	50%	43	-	-	15%	5
			N/A	7%	6	29%	2	-	-
32	I am always able to deliver safe care to a child, young person, or adult with a learning disability or autistic people.	SS	Strongly Agree	14%	545	15%	43	20%	158
			Agree	51%	2006	59%	164	48%	371
			Neither agree nor disagree	24%	933	22%	61	21%	165
			Disagree	9%	344	4%	11	8%	59
			Strongly Disagree	2%	72	0%	1	3%	20
33	Does your organisation 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?	OS	Yes	89%	79	67%	4	97%	32
			No	11%	10	33%	2	3%	1
			N/A	0%	0	0%	0	0%	0

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## Appendix 2: Key findings split by organisation type

### Specialist Learning Disability Services

Figure	Question	Source	Response	Specialist LD Service Providers	
				%	N =
34	If you provide an intensive community support service, do the staff provide crisis support?	OS	Yes	73%	27
			No	19%	7
			N/A	8%	3
35	If you provide an intensive community support service, is it available 7 days per week?	OS	Yes	57%	21
			No	32%	12
			N/A	11%	2
36	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.	SS	Yes	57%	483
			No	20%	166
			N/A	24%	201
37	Does your organisation monitor target discharge dates and actual discharge dates for children, young people and adults with a learning disability, and autistic people, in hospital?	OS	Yes	84%	32
			No	11%	4
			N/A	5%	2
38	Do you operate a dynamic risk / support register with regard to children, young people and adults with a learning disability, and autistic people, in community settings?.	OS	Yes	87%	34
			No	3%	1
			Partially	5%	2
			N/A	5%	2
39	Do specialist learning disability practitioners provide in-reach support, on the basis of an agreed protocol, where people with a learning disability are admitted to universal mental health services?	OS	Yes	80%	32
			No	18%	7
			N/A	3%	1
40	Are people supported to access other types of advocacy such as peer advocacy?	OS	Yes	86%	30
			No	11%	4
			N/A	3%	1
41	Is your Trust signed up to stopping over medication of adults with a learning disability and autistic people with psychotropic medication?	OS	Yes	95%	39
			No	5%	2
			N/A	0%	0
42	Has your organisation signed the STOMP pledge?	OS	Yes	90%	38
			No	7%	3
			N/A	2%	1
43	Does your organisation have a policy to safeguard children, young people and adults with a learning disability, and autistic people, from the inappropriate prescribing of psychotropic medication?	OS	Yes	76%	31
			No	24%	10
			N/A	0%	0
44	Children, young people and adults with a learning disability, autistic people and family carers are involved in reviewing the appropriateness of psychotropic medications.	SS	Strongly Agree	12%	103
			Agree	31%	259
			Neither agree nor disagree	48%	408
			Disagree	6%	51
			Strongly Disagree	2%	21
45	Do you continue to provide care coordination, where people are placed in out-of-area inpatient services?	OS	Yes	67%	26
			No	23%	9
			N/A	10%	4
46	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.	SS	Strongly Agree	6%	14
			Agree	23%	55
			Neither agree nor disagree	58%	138
			Disagree	8%	20
			Strongly Disagree	5%	11

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## Appendix 2: Key findings split by organisation type

Figure	Question	Source	Response	Specialist LD Service Providers	
				%	N =
47	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.	SS	Strongly Agree	12%	99
			Agree	36%	302
			Neither agree nor disagree	40%	336
			Disagree	10%	86
			Strongly Disagree	3%	27
48	Do you hold risk assessments for each individual physical restraint technique taught to your staff?	OS	All	97%	33
			Most	3%	1
			Some	0%	0
			None	0%	0
49	Do you have an organisational restraint reduction programme/policy?	OS	Yes	98%	40
			No	0%	0
			N/A	2%	1
50	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.	OS	Strongly Agree	62%	24
			Tend to Agree	31%	12
			Neither agree nor disagree	5%	2
			Tend to Disagree	3%	1
			Strongly Disagree	0%	0
			Don't Know	0%	0
51	I have had training on reducing the use of restrictive interventions.	SS	Strongly Agree	23%	194
			Agree	37%	318
			Neither agree nor disagree	19%	162
			Disagree	14%	117
			Strongly Disagree	7%	60

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## Appendix 3: Family and Friends Survey results

Question	Source	Responses	National	
			%	n =
The hospital staff treat my relative with respect.	FF	Strongly agree	29%	74
		Agree	32%	82
		Strongly disagree	22%	56
		Disagree	12%	32
		Neither agree nor disagree	5%	13
I feel like staff listen to my relative.	FF	Strongly agree	24%	60
		Agree	25%	64
		Strongly disagree	20%	51
		Disagree	20%	51
		Neither agree nor disagree	11%	28
Staff explain things to my relative in a way they can understand.	FF	Strongly agree	21%	53
		Agree	22%	56
		Strongly disagree	24%	62
		Disagree	23%	59
		Neither agree nor disagree	9%	24
Staff give my relative choices about how they want to be helped.	FF	Strongly agree	19%	48
		Agree	26%	66
		Strongly disagree	21%	53
		Disagree	24%	61
		Neither agree nor disagree	10%	25
I feel like staff care about my relative.	FF	Strongly agree	29%	74
		Agree	31%	79
		Strongly disagree	18%	45
		Disagree	16%	40
		Neither agree nor disagree	7%	19
Staff help my relative to prepare for important appointments or meetings about care and treatment, so that they are not too stressful.	FF	Strongly agree	21%	54
		Agree	21%	52
		Strongly disagree	20%	50
		Disagree	24%	61
		Neither agree nor disagree	14%	35
Staff talk to me about the care and treatment they think my relative needs.	FF	Strongly agree	30%	75
		Agree	39%	100
		Strongly disagree	16%	40
		Disagree	8%	21
		Neither agree nor disagree	7%	18
Staff listen to what me and other members of the family think about the care my relative needs.	FF	Strongly agree	24%	61
		Agree	29%	74
		Strongly disagree	21%	54
		Disagree	15%	39
		Neither agree nor disagree	11%	27
I feel that my relative is generally safe in hospital.	FF	Strongly agree	20%	52
		Agree	27%	68
		Strongly disagree	15%	38
		Disagree	22%	55
		Neither agree nor disagree	16%	42



## Appendix 3: Family and Friends Survey results

Hospital staff help me to understand what is happening so that my relative can be discharged from hospital.	FF	Strongly agree	19%	48
		Agree	31%	80
		Strongly disagree	23%	57
		Disagree	17%	41
		Neither agree nor disagree	9%	21
I had concerns about my relative's care in hospital.	FF	Strongly agree	21%	52
		Agree	26%	65
		Strongly disagree	18%	45
		Disagree	21%	51
		Neither agree nor disagree	14%	35
If I worried about my relative, it was easy to get in touch with hospital staff so that someone could help.	FF	Strongly agree	14%	34
		Agree	25%	62
		Strongly disagree	24%	58
		Disagree	23%	56
		Neither agree nor disagree	15%	36
Have you made a formal complaint about your relative's care in hospital, over the last year.	FF	Yes	80%	204
		No	20%	50
		N/A	-	0
Were you told about the outcome of an investigation of your complaint; and what to do, if you were not happy with this.	FF	Yes	56%	35
		No	44%	27
It has been easy to keep in touch / visit my relative whilst they have been in hospital.	FF	Strongly agree	26%	61
		Agree	29%	68
		Strongly disagree	31%	72
		Disagree	9%	22
		Neither agree nor disagree	4%	9
My relative's appointments and meetings are arranged in a way that helps me and other family members contribute and feel involved.	FF	Strongly agree	21%	52
		Agree	29%	72
		Strongly disagree	26%	63
		Disagree	16%	39
		Neither agree nor disagree	9%	21
Hospital staff helped me understand what they were doing to keep my relative safe, during the coronavirus pandemic and periods of lockdown.	FF	Strongly agree	13%	30
		Agree	25%	57
		Strongly disagree	41%	96
		Disagree	12%	28
		Neither agree nor disagree	9%	22
Would you recommend this service to a friend or family member, who needed treatment in hospital.	FF	Strongly agree	23%	57
		Agree	26%	66
		Strongly disagree	26%	65
		Disagree	14%	34
		Neither agree nor disagree	12%	30

