

Classification: Official

Publication approval reference: PRN00086



# Performance against the learning disability improvement standards

## Findings from the Year 4 National Benchmarking exercise 2020/21

October 2023

# Contents

- 1. Foreword..... 4
- 2. Introduction..... 6 ..
- 3. The learning disabilities improvement standards project..... 8 .
  - Data collection, validation and reporting..... 9
  - Participation..... 9
- 4. Key Findings..... 10
  - Respecting and protecting rights..... 10
  - Inclusion and engagement..... 11
  - Workforce..... 11
  - Specialist services..... 11 .
  - Learning Disability Improvement Standards..... 12
    - Standard 1: Respecting and protecting rights..... 13
    - Standard 2: Inclusion and engagement..... 17 ..
    - Standard 3: Workforce..... 20
    - Standard 4: Specialist..... 22

# 1. Foreword

We welcome the publication of this 4th annual benchmarking report, which provides an overview of performance against the learning disability improvement standards delivered by NHS organisations across England.

As we approach the 5th year of the national benchmarking exercise, it is particularly heartening to see continued progress in so many of the key areas aligned to the NHS Long Term Plan, as well as broader NHS policy and best practice.

For example, the workforce data is helping us to better understand where and how learning disability nurses are deployed, as well as helping us to recognise regional variations. It is also showing us how people with a learning disability, autistic people and their families are increasingly involved in checking and reviewing the quality of services. We are also able to account that mental health trusts have lower readmission risks for people with a learning disability and autism, than the general population, suggesting that new models of community support are proving effective.

Whilst, collectively, we still have a great deal to achieve across a number of areas, by working with local system partners - including people with learning disabilities and autistic people and their families - our collaboration grows ever stronger. This year's survey results illustrate that this is really helping to embed a culture of improvement across services.

Despite last year's pressures arising from the COVID-19 pandemic, participation in the benchmarking exercise remained high, and this reflects the importance which organisations now afford this initiative, actively seeking to improve the services they provide to people with a learning disabilities and autistic people.

This year's annual report is a real testament to the work being delivered across the NHS to reduce unwarranted variations in the care people receive. The report demonstrates the benefits of coproduction in reviewing and designing services and in celebrating success and we now have evidence of where improvement approaches are making a lasting difference.

As the detail in this report attests, the improvement standards are empowering services to understand what high-quality care looks like for local people. The unique triangulation which underpins this national benchmarking exercise is founded upon the testimony of both staff and patients, and by framing all of this within a rights-based approach, ensures the standards reflect the outcomes and the experiences which people with a learning disability and autistic people can reasonably expect from their local NHS services.

This annual report provides a valuable overview of the aggregated data which, in turn, is encouraging organisations to focus on the implementation of data-informed improvements.

It is these improvements which, over time, will become the bedrock for long term change for people with learning disabilities, autistic people and the people who support them.



Dame Ruth May

Chief Nursing Officer for England  
and Autism



Tom Cahill

National Director for Learning Disability

# Learning Disability Year 4 Improvement Standards

## Key findings



206  
Trusts  
registered



189  
organisations  
submitted data



3,608 staff  
surveys  
submitted



2,675 service  
user surveys  
submitted



### Organisational survey

66%



of NHS trusts can identify people with a learning disability and/or autistic people who are waiting to be seen

86%



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

84%



of NHS trusts provide specialist services, including crisis support as part of their intensive community services



### Staff survey

76%



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

80%



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

70%



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



### Service user survey

92%



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

82%



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

74%



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

# 1. Introduction

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

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

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

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

The first three 'universal standards' apply to all NHS trusts, 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 a commitment to sustainable quality improvement in their service and pathways for this group. NHS England expect trusts to publish details of their performance against these improvement standards in their annual quality accounts, and to demonstrate a sustainable improvement in their quality of services. Each of the four standards has a set of improvement measures that trusts are expected to adopt.

This report documents the findings from the fourth national collection of data on NHS trusts' performance against the four improvement standards, for 2021. 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 bespoke report giving an overview of their compliance with the standards and will have access to their data through the NHS Benchmarking Network (NHSBN) [secure online portal](#).

NHS England and the NHSBN express their thanks to everyone who provided data for this collection and helped validate their positions in the draft findings during this particularly challenging year for the NHS.

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

## 2. The learning disabilities improvement standards project

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

The data collected includes 2020/21 annual trust activity data, as well as status reports on systems, processes, staff and patient perspectives. The data collection launched in November 2021 and closed in March 2022, an extended window to allow for the impact of COVID-19.

Since the first data collection, several data items and aspects of the survey methodology have been enhanced to reflect the feedback from people with a learning disability, autistic people, families, healthcare professionals and managers. Notably, from the second collection onwards a section was included concerning the use of restrictive interventions, to be completed by trusts providing specialist services specifically for people with a learning disability and autistic people, in response to ongoing national concerns regarding such practices.

### Data collection

Trusts could assign multiple staff members to input data through NHSBN's data collection portal, and NHSBN provided participants with an Excel spreadsheet of the required metrics, to make data collection as easy as possible.

NHSBN provided trusts with information governance and GDPR compliance guidance on identifying and inviting service users with a learning disability or who are autistic, and staff to complete their respective surveys. Trusts were asked to identify up to 50 staff members who had supported patients with a learning disability or autistic people and up to 100 service users.



Staff surveys were completed online, with each trust given a unique URL link that allowed 50 staff members to submit answers anonymously. Service user information was collected through a multiple choice paper survey and returned anonymously to a third-party provider (Restore Digital) in a freepost envelope.

## Data validation, analysis and reporting

NHSBN analysed and validated the data collected, providing trusts with a draft interactive toolkit for validation purposes. Any potential issues were flagged with trusts, and participants were given time to review their submission and resubmit their data.

## Participation

A total of 206 organisations from across England participated in the collection, of which 56 provided specialist learning disability or autism services; and 150 provided universal services that are for everyone, including people with a learning disability and autistic people, e.g., an outpatient department or A&E.

Of these:

- **189** completed the organisational-level data collection
- **164** surveyed their staff, returning **3,608** completed surveys
- **169** surveyed their service users, returning **2,675** completed surveys.

Organisation type	Number
Specialist learning disabilities service providers	56
Universal service provider	150
Acute (hospital) trust	133
Community health trust	10
Mental health trust	2
Ambulance trust	2
Community Interest Company	3

# 3. Key Findings

In considering the data presented in this report and making comparisons with previous years, it is important to recognise the impact of the COVID-19 pandemic on the operation and provision of healthcare services throughout 2020/21.

The continued use of the three-pronged organisational level, staff level and service user level data collection allows an analysis of how trusts are performing against the national learning disability improvement standards. As this is the fourth national data collection, the improving trend towards meeting the learning disability improvement standards can be seen.

Most service users continue to report that they were treated with respect, felt safe and would recommend the service they received to a friend or family member. Organisational level data suggests, despite the pressures associated with the pandemic, further progress in key areas (summarised below). Three-quarters of trusts providing specialist services and just under a half of those providing universal services have made specific provision for people with a learning disability and autistic people within their COVID recovery plans.

## Respecting and protecting human rights

More trusts, regardless of whether they provide universal or specialist services, report have the capacity to disaggregate outcome data for people with a learning disability, meaning they can understand how people's outcomes vary from those of the general population.

Trusts are also increasingly able to identify people on waiting lists who have a learning disability, with particularly big advances in this by acute trusts. Fewer trusts do not monitor and report on waiting times for people with a learning disability and autistic people; and fewer trusts have no arrangements to maintain intermittent contact with people waiting to be seen.

Staff typically feel people with a learning disability and autistic people have appropriate access to flexible appointments; that people are routinely involved in making decisions about their care; and would recommend their trust to friends or family members of a person with a learning disability and/or autistic person. The patient survey results largely concurred with these findings; for example, most service users agree that appointments were arranged to suit them; and would recommend the service they used to friends and family.

## Inclusion and engagement

A higher proportion of trusts report offering a range of reasonable adjustments to people with a learning disability and/or autistic people, such as accessible appointment letters and Changing Places toilet facilities. Trusts with specialist services make increased provisions for domiciliary visits as an alternative to outpatient clinic attendances. Over three-quarters of staff feel able to identify the reasonable adjustments patients with learning disability and/or autistic people need; and four in five service users state that staff explained things to them in a way they could understand.

An increasing proportion of people with a learning disability using specialist services say that should they have wanted to make a complaint, they had been given accessible information about how to do so, which is consistent with the reported increase in the use of 'Ask Listen Do' resources.

A higher proportion of NHS trusts report they now employ people with a learning disability and/or autistic people.

## Workforce

A large majority of staff state they have received training in meeting the needs of people with a learning disability and/or autistic people and agree they have the knowledge and skills to meet people's needs. This is supported by five in every six trusts, regardless of type, reporting their staff have access to up-to-date learning disability and autism awareness training.

The proportion of trusts providing universal services reporting they have a board-level lead responsible for assuring the quality of service provided to people with a learning disability and/or autistic people is higher than last year. For the most part, these leads are directors of nursing.

## Specialist services

A higher proportion of trusts report they have a dynamic risk/support register than last year. Use of such registers ensures people with a learning disability can receive the support they need to stay in the community and not be admitted to hospital.

More trusts report that their intensive community support service provides crisis support and, in over half of trusts, this service is available seven days a week.

The vast majority of organisations having restraint reduction programmes, most of which have been reviewed in the last 12 months. People with lived experience of using services are increasingly being involved in restrictive practice reduction initiatives and policy development.

## Learning Disability Improvement Standards

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

Detailed data from the organisational level, staff and service user surveys is given in the appendices (published separately) and all four years of data for the improvement standards can be found on the online interactive toolkit in NHSBN's members' area. If you require a log in, please get in touch with the support team at [nhsbn.nhsildsupport@nhs.net](mailto:nhsbn.nhsildsupport@nhs.net)

# Standard 1: Respecting and protecting rights

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

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

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

Improvement measure	Performance against indicators of a good service	Indicators of areas for improvement
Trusts must demonstrate they have made reasonable adjustments to care pathways to ensure people with a learning disability, autism or both can access highly personalised care and achieve equality of outcomes.	<p><b>72%</b> of trusts providing universal services said they had triage processes which prioritise people with a learning disability and autistic people.</p> <p><b>89%</b> of people using specialist services and <b>86%</b> using universal services said they felt safe when they received care from the trust; and <b>86%</b> and <b>81%</b> of people reported staff in specialist services and universal services, respectively, listened to them.</p>	<b>49%</b> of staff in universal services did not agree that they had the necessary resources to meet the needs of people with a learning disability and autistic people.

Improvement measure	Performance against indicators of a good service	Indicators of areas for improvement
(cont'd)	<p><b>69%</b> of staff in specialist services felt they had the necessary resources to meet the needs of people with a learning disability and/or autism.</p>	
<p>Trusts must have mechanisms to identify and flag patients with a learning disability, autism or both from the point of admission through to discharge; and where appropriate, share this information as people move through departments and between services.</p>	<p><b>75%</b> of trusts reported having mechanisms to 'flag' a patient with a learning disability on their electronic patient record (EPR).</p> <p><b>74%</b> of trusts providing universal services were able to flag and identify autistic people, who do not also have a learning disability but who may similarly require reasonable adjustments.</p> <p>In trusts providing universal services, <b>71%</b> of staff confirmed the identification and recording of a child, young person or adult with a learning disability would be documented electronically.</p> <p><b>80%</b> of all trusts indicated that they could disaggregate outcome data for people with a learning disability who use their services.</p>	<p>On average, trusts providing universal services identified <b>0.4%</b> of people with an EPR as having a learning disability. This was lower than the proportion registered as having a learning disability in primary care (0.53%).<sup>1</sup></p>
<p>Trusts must have processes to investigate the death of a person with a learning disability, autism or both while using their services, and to learn lessons from the findings of these investigations.</p>	<p><b>96%</b> of trusts providing specialist services and <b>90%</b> providing universal services were represented on their local Learning Disability Mortality Review Programme (LeDeR) steering group.</p>	<p><b>47%</b> of trusts providing universal services did not meet the commitment to ensure staff trained to deliver LeDeR reviews undertake a minimum of 2–3 reviews per year.</p>

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

Improvement measure	Performance against indicators of a good service	Indicators of areas for improvement
(cont'd)	<p><b>76%</b> of trusts providing specialist services met the commitment to ensure staff trained to deliver LeDeR reviews undertake a minimum of 2–3 reviews per year.</p>	<p><b>58%</b> of staff in trusts providing universal services and <b>37%</b> in trusts providing specialist services did not agree that when a person with a learning disability or an autistic person dies, the findings from the trust investigation were shared with staff members.</p>
<p>Trusts must demonstrate that they vigilantly monitor any restrictions or deprivations of liberty associated with the delivery of care and treatment to people with a learning disability, autism or both.</p>	<p><b>82%</b> of trusts providing specialist services reviewed their restraint reduction policy in the last 12 months.</p> <p><b>85%</b> of trusts reported having a policy on the use of force to hold/restrain people with a learning disability or autistic people who lack the capacity to consent.</p> <p><b>12%</b> of trusts providing universal services and <b>2.3%</b> of trusts providing specialist services did not regularly audit the restrictions and/or deprivations of liberty placed on people with a learning disability and autistic people.</p>	<p><b>58%</b> of trusts providing universal services had not undertaken an audit of restrictive practices in the last 12 months.</p>
<p>Trusts must have measures to promote anti-discriminatory practice in relation to people with a learning disability, autism or both.</p>	<p><b>94%</b> of people who used specialist services and <b>91%</b> who used universal services reported they were treated with respect by staff.</p> <p><b>75%</b> of trusts providing specialist services routinely monitored waiting times for people with a learning disability and autistic people, and reported concerns to their board, regarding waiting times and number of people waiting.</p>	<p><b>43%</b> of trusts providing universal services did not routinely monitor waiting times for people with a learning disability and autistic people and report concerns to the board.</p> <p><b>69%</b> of trusts providing universal services did not monitor and compare emergency readmission rates for people with a learning disability and the general population.</p>

Improvement measure	Performance against indicators of a good service	Indicators of areas for improvement
(cont'd)	<p><b>39%</b> of trusts providing specialist services monitored and compared emergency readmission rates for people with a learning disability and the general population.</p> <p><b>80%</b> of service users said they would recommend their service to a friend or family.</p>	<p><b>14%</b> of staff in universal services believed people with a learning disability and autistic people did not receive the same quality of care as other people.</p> <p><b>54%</b> of Trusts did not monitor the rates of use of Do Not Attempt Cardio-Pulmonary Resuscitation (DNACPR) decisions for people with a learning disability.</p>



## Standard 2: Inclusion and engagement

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

Standard 2 requires trusts to demonstrate their services are co-designed by people with a learning disability and autistic people, and to ensure they feel empowered to exercise their rights.

1.

Trusts must also ensure their services are ‘values led’; for example, in staff training and complaints handling using initiatives such as ‘Ask Listen Do’.

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

Improvement measure	Performance against indicators of a good service	Indicators of areas for improvement
Trusts must demonstrate processes that ensure they work and engage with people receiving care, their families and carers, as set out in the NHS Constitution.	<p><b>86%</b> of trusts providing specialist services provided accessible appointment letters.</p> <p><b>92%</b> of staff in trusts providing specialist services agreed they routinely involve people with a learning disability and autistic people when making decisions about their care and treatment.</p> <p><b>78%</b> of patients accessing specialist learning disabilities services said that staff listened to what their families thought.</p>	<p><b>62%</b> of trusts providing specialist services and <b>73%</b> of universal service providers did not have a dedicated post on their council of governors or board sub-committees for people with a learning disability or their family.</p> <p><b>37%</b> of trusts providing universal services said they did not provide accessible appointment letters.</p> <p><b>9%</b> of people using trusts providing specialist services and <b>13%</b> using universal services said</p>

Improvement measure	Performance against indicators of a good service	Indicators of areas for improvement
(cont'd)		<p>they were not told about appointments/meetings in a way they could understand.  <b>14%</b> of people using specialist services and <b>20%</b> using universal services did not feel they were given a choice in how they were cared for.</p> <p><b>60%</b> of trusts said people with a learning disability who have multiple long-term conditions were not routinely assigned an identified co-ordinator/key worker.</p>
Trusts must demonstrate that their services are 'values led'; for example, in service design/improvement, handling of complaints, investigations, training and development, and recruitment.	<p><b>76%</b> of trusts providing universal services and <b>86%</b> providing specialist services reported making reasonable adjustments to complaints processes, to avoid people with a learning disability and autistic people from having to do excessive amounts of form filling.</p> <p><b>82%</b> of trusts said they planned to include details of their benchmarked performance against the improvement standards, in their next quality account.</p>	<p><b>14%</b> of staff in trusts providing specialist services did not feel that people with a learning disability and autistic people were routinely involved in the planning of trust services.</p> <p><b>40%</b> of people using specialist services and <b>56%</b> who used universal services said that if they had wanted to make a complaint, they were not given Easy Read information about how to do so.</p>
Trusts must demonstrate that they co-design relevant services with people with a learning disability, autism or both and their families and carers.	<b>100%</b> of Trusts providing universal services reported having on-site facilities to accommodate family carers overnight.	<b>40%</b> of trusts providing universal services and <b>51%</b> providing specialist services did not have changing places toilet facilities <sup>2</sup> .

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

Improvement measure	Performance against indicators of a good service	Indicators of areas for improvement
<p>Trusts must demonstrate that they learn from complaints, investigations and mortality reviews, and engage with and involve people, families and carers throughout these processes.</p>	<p><b>52%</b> of trusts providing universal services report having arrangements to monitor rates of Do Not Attempt Cardio-Pulmonary Resuscitation (DNACPR) decisions for people with a learning disability, and <b>33%</b> of staff in universal services said their trust had a policy of double checking the validity of reasons for such decisions.</p>	<p><b>46%</b> of trusts reported not using 'Ask Listen Do' good practice resources<sup>3</sup> to improve services for people with a learning disability and autistic people after receiving feedback, concerns and complaints.</p>
<p>Trusts must be able to demonstrate they empower people with a learning disability, autism or both and their families and carers to exercise their rights.</p>	<p><b>92%</b> of staff from specialist services and <b>79%</b> from universal services felt that people with a learning disability and autistic people were routinely involved when making decisions about their care and treatment.</p> <p><b>68%</b> of trusts providing specialist services agreed that members of their executive team meet regularly with, and take advice from, people with a learning disability, autistic people, family carers and frontline support workers who care for them.</p> <p><b>78%</b> of people using specialist trust services and <b>75%</b> using universal services felt that staff had listened to what their families thought.</p>	<p><b>65%</b> of trusts providing universal services did not agree that members of the executive team meet regularly with, and take advice from, people with a learning disability, autistic people, family carers and frontline support workers who care for them.</p> <p><b>29%</b> of staff in trusts providing specialist services and <b>37%</b> in universal services did not agree that their trust had policies and procedures to ensure the rights of autistic people were respected and protected.</p> <p><b>37%</b> of people who used universal services and <b>30%</b> using specialist services said it had been difficult for family to visit during a hospital stay. (Please note that experiences may have been influenced by the pandemic and associated restrictions).</p>

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

## Standard 3: Workforce

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

To deliver against standard 3, organisations need to demonstrate robust workforce planning, which takes account of local population needs and seeks to address the impact of shortages of some groups of specialist learning disability practitioners.

Trusts should ensure that their workforce access training and development opportunities, so as to be competent in meeting the needs of people with a learning disability and autistic people; and there should be effective clinical leadership and practice supervision.

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

Improvement measure	Performance against indicators of a good service	Indicators of areas for improvement
Based on analysis of the needs of the local population, trusts must ensure staff have the specialist knowledge and skills to meet the unique needs of people with a learning disability, autism or both who access and use their services, as well as those who support them.	<p><b>96%</b> of trusts providing specialist services and <b>97%</b> providing universal services reported having a board-level lead who monitors the quality of service provided to people with a learning disability and autistic people.</p> <p><b>83%</b> of staff in trusts providing specialist services reported having access to specialist learning disability advice when they need it.</p>	<p><b>56%</b> of Trusts said they made training available to people who provided day to day care/support, to learn how to recognise and respond to signs of emerging health problems in people with learning disabilities and autistic people.</p> <p><b>12%</b> of staff in universal services reported not having access to specialist learning disability advice when they need it.</p>

Improvement measure	Performance against indicators of a good service	Indicators of areas for improvement
<p>Staff must be trained and then routinely updated on how to deliver care to people with a learning disability, autism or both who use their services, in a way that takes account of their rights, unique needs and health vulnerabilities; how delivery of services is tailored to each person's individual needs.</p>	<p><b>86%</b> of Trusts said they provide staff with up-to-date training covering learning disabilities/autism awareness.</p> <p>Only <b>4%</b> of staff said they would not recommend their trust to a friend of family with a learning disability and/or autism who needed treatment.</p>	<p><b>81%</b> of trusts do not invite people with a learning disability or autistic people to contribute to staff induction training.</p> <p><b>21%</b> of staff in Trusts providing specialist services said they did not receive mandatory training on meeting the needs of people with learning disabilities and/or autism during the course of their work.</p>
<p>Trusts must have workforce plans that manage and mitigate the impact of the growing cross-system shortage of qualified practitioners specialising in learning disabilities.</p>	<p><b>86%</b> of Trusts providing specialist services and <b>46%</b> of those providing universal services had a workforce plan to support the development of new roles in learning disabilities care.</p>	
<p>Trusts must demonstrate clinical and practice leadership and consideration of the needs of people with a learning disability, autism or both, within local strategies to ensure safe and sustainable staffing.</p>	<p><b>71%</b> of trusts providing specialist services and <b>62%</b> of Trusts providing universal services actively involved people with learning disabilities and/or autism and their families in checking the quality of services being provided and developing improvement plans as a result.</p>	

## Standard 4: Specialist learning disabilities services

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

Organisations meeting this standard are providing specialist community support to reduce the likelihood of people with a learning disability and autistic people being unnecessarily admitted to hospital due to concerns about behaviour or mental health. They 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 follow evidence-based clinical guidance and conduct regular reviews of the use of psychotropic medications, in line with NHS England's Stopping the Over Medication of People with a learning disability and autistic people (STOMP) and Supporting Treatment and Appropriate Medication in Paediatrics (STAMP) initiatives. They also have proactive programmes to reduce the use of restrictive practices.

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

Improvement measure	Performance against indicators of a good service	Indicators of areas for improvement
Trusts must have plans for the development of community-based intensive support, including treatment and support for people accessing mental health services and the criminal justice system.	<p><b>88%</b> of staff said their trust had, in recent years, developed effective new ways to support people with a learning disability and autistic people to live successfully in the community.</p> <p><b>75%</b> of trusts provided intensive support services for adults. Of these, <b>84%</b> provided crisis support.</p>	<b>41%</b> of intensive support services did not operate 7 days a week.

Improvement measure	Performance against indicators of a good service	Indicators of areas for improvement
<p>Trusts use the care and treatment review (CTR) and care and education treatment review (CETR) to ensure a stringent assessment is made if admission is anticipated or requested, and that discharge arrangements ensure no individual stays longer than necessary.</p>	<p><b>81%</b> of Trusts monitored target and actual discharge dates for people with learning disabilities and/or autism in hospital.</p> <p><b>85%</b> of Trusts said they operated a dynamic risk/support register for people with learning disabilities and/or autism in the community setting who are at risk of admission to hospital.</p>	
<p>Trusts have processes to regularly review the medications prescribed to people with a learning disability, autism or both. Specifically, prescribing of all psychotropic medication should be considered in line with NHS England’s stopping over medication programme (STOMP).</p>	<p><b>92%</b> of Trusts were signed up to Stopping Over Medication of People with a learning disability and/or autism (STOMP).</p> <p><b>89%</b> of Trusts had signed the STOMP pledge.<sup>4</sup></p> <p><b>78%</b> of trusts had policies to safeguard people with learning disabilities and autistic people from the inappropriate prescribing of psychotropic medication.</p>	<p><b>42%</b> of staff did not agree that people with a learning disability and autistic people were fully involved in reviewing the appropriateness of their psychotropic medications.</p>
<p>Trusts providing inpatient services have clinical pathways that adhere to evidence-based assessment and treatment, time-limited interventions and measurable discharge processes to ensure inpatient episodes are as short as possible.</p>	<p><b>76%</b> of trusts confirmed their healthcare practitioners continued to provide care co-ordination where a person with a learning disability is admitted to an out-of-area inpatient service.</p>	

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

Improvement measure	Performance against indicators of a good service	Indicators of areas for improvement
<p>Trusts have governance processes for measuring the use of restraint and other restrictive practices, including detailed evidence-based recommendations to support the discontinuation of planned prone restraints and reduction in unwarranted variation in use of restrictive practices. They can demonstrate that alternative approaches are being deployed.</p>	<p><b>91%</b> of Trusts had a restraint reduction programme/policy. <b>82%</b> of those had policies that have been reviewed in the last 12 months.</p> <p><b>85%</b> of Trusts said they hold a risk assessment for every physical restraint technique taught to staff.</p> <p><b>73%</b> of trusts said that they publish an annual report on restraint use and reduction programmes.</p>	<p><b>28%</b> of staff did not agree that they have received training on reducing the use of restrictive interventions.</p> <p><b>21%</b> of trusts had not involved people with lived experience in developing restraint reduction policies.</p> <p><b>66%</b> of trusts did not have an accessible version of their reports concerning the use of restrictive interventions.</p>



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

NHS England  
Wellington House  
133-155 Waterloo Road  
SE1 8UG

This publication can be made available in a number of other formats on request.

© NHS England 2023

Publishing approval reference: PRN00086