

**TRUST-WIDE CLINICAL POLICY DOCUMENT**

**SUPPORT AND MANAGEMENT OF  
 SERVICE USERS WITH A DUAL  
 DIAGNOSIS OF MENTAL HEALTH NEEDS  
 AND A LEARNING DISABILITY**

<b>Policy Number:</b>	<b>SD25</b>
<b>Scope of this Document:</b>	<b>All staff</b>
<b>Recommending Committee:</b>	<b>Patient Safety Committee</b>
<b>Approving Committee:</b>	<b>Executive Committee</b>
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<b>Lead Executive Director:</b>	<b>Executive Director of Nursing</b>
<b>Lead Author(s):</b>	<b>Clinical lead learning disability service – local services division</b>

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**2017 – Version 3**

**Quality, recovery and wellbeing at the heart of everything we do**

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# SUPPORT AND MANAGEMENT OF SERVICE USERS WITH A DUAL DIAGNOSIS OF MENTAL HEALTH NEEDS AND A LEARNING DISABILITY

### Further information about this document:

Document name	<b>(SD25) Support and management of service users with a dual diagnosis of mental health needs and a learning disability</b>
Document summary	<b>Service users with a dual diagnosis of mental health and a learning disability are able to access and receive care from Mersey Care's mental health and learning disability services equitably.</b>
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To be read in conjunction with	
<b>This document can be made available in a range of alternative formats including various languages, large print and braille etc</b>	
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### Version Control:

		Version History:
Version 1		April 2013
Version 2		Dec 2016
Version 3	Presented to the Executive Committee for Approval	March 2017

## SUPPORTING STATEMENTS

This document should be read in conjunction with the following statements:

### SAFEGUARDING IS EVERYBODY'S BUSINESS

All Mersey Care NHS Foundation Trust employees have a statutory duty to safeguard and promote the welfare of children and vulnerable adults, including:

- being alert to the possibility of child/vulnerable adult abuse and neglect through their observation of abuse, or by professional judgement made as a result of information gathered about the child/vulnerable adult;
- knowing how to deal with a disclosure or allegation of child/adult abuse;
- undertaking training as appropriate for their role and keeping themselves updated;
- being aware of and following the local policies and procedures they need to follow if they have a child/vulnerable adult concern;
- ensuring appropriate advice and support is accessed either from managers, *Safeguarding Ambassadors* or the trust's safeguarding team;
- participating in multi-agency working to safeguard the child or vulnerable adult (if appropriate to your role);
- ensuring contemporaneous records are kept at all times and record keeping is in strict adherence to Mersey Care NHS Foundation Trust policy and procedures and professional guidelines. Roles, responsibilities and accountabilities, will differ depending on the post you hold within the organisation;
- ensuring that all staff and their managers discuss and record any safeguarding issues that arise at each supervision session

### EQUALITY AND HUMAN RIGHTS

Mersey Care NHS Foundation Trust recognises that some sections of society experience prejudice and discrimination. The Equality Act 2010 specifically recognises the *protected characteristics* of age, disability, gender, race, religion or belief, sexual orientation and transgender. The Equality Act also requires regard to socio-economic factors including pregnancy /maternity and marriage/civil partnership.

The trust is committed to equality of opportunity and anti-discriminatory practice both in the provision of services and in our role as a major employer. The trust believes that all people have the right to be treated with dignity and respect and is committed to the elimination of unfair and unlawful discriminatory practices.

Mersey Care NHS Foundation Trust also is aware of its legal duties under the Human Rights Act 1998. Section 6 of the Human Rights Act requires all public authorities to uphold and promote Human Rights in everything they do. It is unlawful for a public authority to perform any act which contravenes the Human Rights Act.

Mersey Care NHS Foundation Trust is committed to carrying out its functions and service delivery in line with a Human Rights based approach and the FREDA principles of **F**airness, **R**espect, **E**quality **D**ignity, and **A**utonomy



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## **1. PURPOSE AND RATIONALE**

1.1 This policy will ensure that service users with learning disability, who also have identified or possible mental health needs have the same right to access services as someone with mental health needs without a learning disability. In the same way, service users with prominent mental health needs and an identified or possible learning disability have the same right to access learning disability services as someone with a learning disability but without mental health needs.

1.2 The purpose of this policy is to ensure that staff are supported when assessing or providing care for service users with a dual diagnosis of mental health needs and a learning disability by enabling effective collaboration between mental health and learning disability services. Ultimately this leads to the most effective care to our service users. Guidance for this is outlined in the Green Light Toolkit which sets out a number of standards for Mental Health Services and Learning Disability Services to achieve.

1.3 The purpose of the policy will ensure reasonable adjustments are made where appropriate. Since the Disability Discrimination Act, people with learning disabilities (along with other groups of disabled people) have had a legal entitlement to have equal access to public services, including those provided by the NHS. Over time, principally through the Disability Discrimination Act and reinforced in the Equality Act, this fundamental entitlement has been increasingly well-defined as the Disability Equality Duty.

1.4 In law, all public sector services have a legal duty to make 'reasonable adjustments' to the way they make their services available to people with learning disabilities, to make them as accessible and effective as they would be for people without disabilities.

1.5 Reasonable adjustments include removing physical barriers to accessing health services, but importantly also include making whatever alterations are necessary to policies, procedures, staff training and service delivery to ensure that they work equally well for people with learning disabilities.

1.6 This legal duty for health services is 'anticipatory'. This means that health service organisations are required to consider in advance what adjustments people with learning disabilities will require, rather than waiting until people with learning disabilities attempt to use health services to put reasonable adjustments into place.

## **2. OUTCOME FOCUSED AIMS AND OBJECTIVES**

2.1 The aim and objective of this policy is to ensure that service users with a dual diagnosis of mental health (MH) needs and a learning disability (LD) are able to access and receive care from Mersey Care's mental health and learning disability services equitably.

### 3. SCOPE

3.1 This policy applies to all staff within the Clinical Divisions.

3.2 The processes in this policy are applicable to patients with known or suspected learning disability and mental health needs and all staff who work with people with learning disabilities and areas of the trust where people with learning disability may present and require a service for clinical needs.

3.3 This policy does not cover people with learning disabilities who are referred to Mersey Care NHS Foundation Trust with other needs, for example, challenging behaviour, autistic spectrum disorders, concerns around offending etc in the absence of a suspected mental health problem.

### 4. DEFINITIONS (Glossary of Terms)

Glossary of Terms	Definition
CTR	Care and treatment review
LD	Learning disability

### 5. DUTIES

5.1 **Board of Directors.** The Board of Directors are responsible for ensuring that support and management to individuals with a learning disability and co-morbid mental health problems is equitable across all areas with all staff working in the trust aware of, and operate within the policy. The trust board is also responsible ensuring Compliance with the “Access to Healthcare for People with a Learning Disability” standards as a requirement of the Monitor Compliance Framework reported quarterly

5.2 **Executive Director of Nursing** is the lead executive director for this policy at Board level and is accountable for all issues relating to this policy

5.3 **Chief Operating Officer and Associate Medical Director** They are accountable for ensuring the standards of this policy are maintained within the service for which they have overall responsibility and ensuring adherence to the policy.

5.4 **Trust staff** to be fully aware of and operate within the policy and aware of Learning disability awareness training days advertised via communications.

5.5 **Responsible clinician/consultant in charge of patients care & care coordinators under CPA** to be fully aware of and operate within the policy

## 6. PROCESS IN LOCAL SERVICES DIVISION

### 6.1 Referrals/ Community Services

6.1.1 When a referral for a person with a learning disability and a suspected mental health need is received by the Trust, the referral will be discussed by the receiving service to determine its appropriateness.

Referrals can be received into learning disability or adult/older people's mental health services.

6.1.2 If learning disability services deem the service users needs are primarily mental health on top of a learning disability and would benefit from a mental health service they should liaise with the appropriate adult/old age team to discuss further in order to refer across and follow their local referral pathways.

6.1.3 If adult/older people's Mental Health Services receive a referral for a service user with a learning disability and mental health problems it should be discussed and allocated according to their local referral pathways. If the local service is unsure whether the referral is appropriate, it should be immediately discussed with Learning Disability Services. The outcome from this discussion should be as follows:

- An agreement that Mental Health Services see the service user.
- An agreement that Mental Health Services and Learning Disability Services do a joint assessment.
- An agreement that Learning Disability Services see the service user.
- Neither service is appropriate and advice given back to the referrer

6.1.4 The following are some guiding principles that may help determine whether a person with a learning disability is more appropriately seen by Mental Health or Learning Disability Services, but they should not be used as absolute standards:

6.1.5 A referral may be more appropriate for Adult/old age Mental Health Services if:

- The service user's disability is towards the upper limit of the mild end of the range rather than severe. i.e. IQ >60, more able and have adaptive/functional skills similar to the general population.
- Their needs are primarily mental health  
AND at least one of the following
- There are no significant communication difficulties.
- There are no significant difficulties around behavioural disturbance.
- There are no complex and profound disabilities.
- There are no multiple health needs.

6.1.6 A referral for a service user with a learning disability may be more appropriate for Learning Disability Services if:

- The service user has a learning disability with complex mental health problems  
AND at least one of the following
- There are significant communication difficulties

- There are significant behavioural disturbance
- There are complex presentation of problems
- There is evidence of multiple health needs.

These factors could increase the vulnerability if they were to access generic mental health services

## **6.2 On-going support**

Following assessments there maybe further issues in the ongoing care of the service user which requires time-limited input from either service. Appropriate referrals followed by MDT discussions should occur to identify the need and intervention required. This may arise from either service.

## **6.3 Disagreements**

If there is a lack of agreement around which service should see a service user with a learning disability and suspected mental health needs, the referral should be discussed with the clinical lead for that service area. If arbitration cannot be reached via this, the issue should be referred to the two respective clinical directors for them to make a decision. If further arbitration is required, the associate medical director will be involved.

## **6.4 Inpatients service**

6.4.1 Adult / Older People's Mental Health inpatient services have the same requirement to make reasonable adjustments. The initial guiding principle is that people with learning disabilities who require inpatient care for their mental health needs should, wherever possible, be admitted and cared for on mental health inpatient units. This applies to people with learning disabilities who are supported by generic services and those supported by learning disability services.

6.4.2 Transforming Care is the programme of work that has been developed in response to the abuse at Winterbourne View. Under this programme, Care and Treatment Reviews (CTR) have been introduced to reduce unnecessary or inappropriate hospital admissions and to ensure that where a hospital stay cannot be avoided, plans for discharge are considered from the outset and people do not remain in hospital longer than needed.

6.4.3 When someone is at imminent risk of an admission, commissioners and providers need to work together to ensure that all suitable alternatives to hospital have been explored and solutions sought. If an admission is unavoidable, a CTR should be carried out within 10 days. If someone is admitted to hospital as part of a planned course of care or treatment, a CTR should be carried out prior to admission. If a CTR cannot be arranged prior to admission a blue light meeting can be arranged by phone with the relevant commissioner with plans to hold a CTR within 10 working days. The care coordinator and/or ward manager has a duty to inform the relevant CCG LD commissioner. It is the responsibility of the commissioner to organise the CTR.

6.4.4 Contact to arrange a CTR/blue light meeting for admissions outside the hours of mon-fri 9-5pm will need to made at the next available working day/time

6.4.5 Referrals to local mental health inpatient beds should proceed through local adult/old age gatekeeping procedures e.g. acute care team, stepped up care (SUC), accident and emergency dept. Initiating the process to admit can be from any Mersey Care clinician irrespective of the service they are working within.

6.4.6 If a person with a learning disability and mental health needs is admitted to a mental health inpatient unit, a review should occur within 72 hours at the latest to assess the admission to date and agree that it is suitable for their care to be managed within an adult mental health setting.

6.4.7 Where service users are in an adult mental health inpatient setting, it is the ward's responsibility to contact learning disability services to request advice and support. If there are any difficulties with this, the clinical lead for that area should contact their counterpart in learning disability services.

6.4.8 For service users previously not known to services and/or known to community adult / old services suspected of having a learning disability:

- If there are any concerns around vulnerability, the ward staff should contact the community LD team and/or LD clinical lead or LD modern matron (preferably within 72 hours) to assess as soon as possible.
- Following the assessment if it is felt the service user can be supported on the mental health ward with input from the LD service, this will be agreed between the teams. The learning disability services can provide advice and consultancy support where necessary ensuring mental health services make reasonable adjustments for people in inpatient settings. There will be further discussions to determine community care following discharge.
- If it is felt that the service user requires specialist learning disability inpatient provision, learning disability services will take the lead in identifying this and arranging the transfer. This will be co-ordinated by the LD care co-ordinator and modern matron of learning disability services

6.4.9 For service users known to community LD services:

- A review should occur within 72 hours to review the admission to date and agree the suitability for their care to be managed within an adult mental health setting. This review is to be conducted jointly between the ward nursing staff, ward medical staff, the community LD clinician and possibly community LD consultant.
- If it is felt the admission to an adult mental health setting is appropriate, the LD care co-ordinator will maintain regular contact with ward staff and service user by attending weekly ward reviews. They will also provide consultancy support/guidance when needed at other times.
- If it is felt that the service user requires specialist learning disability inpatient provision, learning disability services will take the lead in identifying this and arranging the transfer. This will be co-ordinated by the LD care co-ordinator and modern matron of learning disability services

6.4.10 If an individual with learning disability and mental health requires an inpatient admission to an adult/older people's bed but there are no available beds, it would need to be discussed with relevant senior managers to access an LD bed, if they are available, otherwise an out-of-area bed will be sought by the team responsible for allocating an inpatient bed and silver on-call manager

## **6.5 Responsible Clinician (RC)/Consultant in Charge of Care**

There should be a discussion prior to admission as to who is the most appropriate Consultant psychiatrist to be in charge of a service user's care. However, the default position should be the Consultant from the mental health service who has normal responsibility for that inpatient area. Following admission, within 72 hours, the adult inpatient and community LD consultant should discuss the admission and ongoing support to be provided. Where agreement cannot be reached, a discussion should occur between the respective clinicians, Clinical leads &/or clinical director.

## **7. SECURE AND SPECIALIST LD SERVICE DIVISION.**

### **7.1 Specialist LD Division (SLDD)**

7.1.1 The division provides secure inpatient, non secure inpatient and a small number of community outpatient services (covering 5 CCG areas; 3 in Manchester and 2 in Lancashire).

7.1.2 Secure inpatient beds - only people considered at the point of admission to have a learning disability would be considered for admission. For individuals with mental health problems whose needs could be met on a secure adult unit would require further discussion with senior managers of the specialist LD division and the relevant secure adult service.

7.1.3 The procedural aspects in applying the policy in the community outpatient areas would be slightly different for each of the areas of service delivered in Lancashire and Manchester. There will be joint working with members of the respective community LD teams who will have access to appropriate adult services and policies within their trusts

### **7.2 Secure Division**

7.2.1 The division provides high, medium and low secure inpatient services at specific locations throughout the trust. Community support from the medium secure services is provided to Liverpool, sefton and kirkby.

7.2.2 Where high, medium and low secure inpatient services require specialist LD support or transfer of a patient to a secure LD unit, the relevant commissioned LD secure service will be contacted to determine the most appropriate support or environment required to meet an individual with learning disability's needs

7.2.3 The low secure service will occasionally accept patients commissioned from local CCGs. Where specialist LD input is required on the unit, discussion will take place with the local LD team from that CCG area

## **8. CONSULTATION**

This policy and procedure had been previously developed by the Clinical Director of Rebuild CBU following work on the Green Light Toolkit 2005-2008. The Green Light toolkit work involved consultation with the advocacy group, Peoples First, various service user groups, Liverpool and Sefton LD Partnership boards. The policy has been reviewed by the associate medical directors and chief operating officers of the 3 trust clinical divisions.

## 9. TRAINING AND SUPPORT

- a. The training needs of staff supporting a service user with a dual diagnosis of mental health and LD will be identified and addressed where required through care planning and personal development plan and processes
- b. LD awareness training is provided to all trust staff 2-3 times per year. Dates are sent out on the trust portal to all Trust staff

## 10. MONITORING

- c. This effectiveness of the policy will be monitored by the service leads within the clinical divisions.
- d. The performance team will be able to generate data from ePEX on the admission of people with learning disability to adult/old age wards. This information will be fed into the yearly reports produced to the Quality Assurance Committee and Monitor.

## 11. REFERENCES

“Health care for all” Report of the Independent inquiry into access to healthcare for people with learning disabilities, Sir Jonathan Michael, July 2008

[http://www.dh.gov.uk/prod\\_consum\\_dh/groups/dh\\_digitalassets/@dh/@en/documents/digitalasset/dh\\_106126.pdf](http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_106126.pdf)

Department of Health (2001) Valuing People: A new strategy for learning disability in the 21st Century.

[http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_4009153](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4009153)

Valuing People Now: a new three-year strategy for people with learning disabilities ‘Making it happen for everyone’. HM Government. 2009.

[http://www.dh.gov.uk/prod\\_consum\\_dh/groups/dh\\_digitalassets/documents/digitalasset/dh\\_093375.pdf](http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_093375.pdf)

Green light for mental health: how good are your mental health services for people with learning disabilities? a service improvement toolkit. Foundation for people with learning disabilities. 2004

<http://www.learningdisabilities.org.uk/publications/green-light/>

Enabling people with mild intellectual disability and mental health problems to access healthcare services, College Report CR175, November 2012, Royal College of Psychiatrists, London.

<http://www.rcpsych.ac.uk/usefulresources/publications/collegereports/cr/cr175.aspx>

Reasonable adjustments for people with learning disabilities in England 2010: A national survey of NHS Trusts. Chris Hatton, Hazel Roberts and Susannah Baines. IHAL 2011-03

[http://www.improvinghealthandlives.org.uk/uploads/doc/vid\\_10118\\_IHaL%20NHS%20Trust%20Reasonable%20Adjustments%20survey%202010.pdf](http://www.improvinghealthandlives.org.uk/uploads/doc/vid_10118_IHaL%20NHS%20Trust%20Reasonable%20Adjustments%20survey%202010.pdf)

Care and treatment reviews

<https://www.england.nhs.uk/learningdisabilities/ctr/>



# Equality and Human Rights Analysis

**Title:** Support and management of service users with a dual diagnosis of mental health needs and a learning disability

**Area covered:** All areas of the Trust

**What are the intended outcomes of this work?** *Include outline of objectives and function aims*

- To enable and promote equitable access to service for service users with a dual diagnosis of mental health needs and a learning disability.
- Guidance on the responsibilities of adult /older peoples mental health and learning disability services providing care for service users with a dual diagnosis of mental health needs and a learning disability.

**Who will be affected?** *e.g. staff, patients, service users etc*

*Service users with learning disabilities using Mersey care services.  
Staff who work in the Trust who need to be aware of this policy.  
Carers of service users.*

## Evidence

**What evidence have you considered?**

Please see reference list below  
Death By Indifference(2007) Mencap.

**Disability (including learning disability)**

This policy seeks to address health inequalities identified at a national level in relation to learning disability and mental health.

The aim is to improve the health care experience.

**Sex**

No evidence identified.

**Race**

No evidence identified.

**Age**

Need to ensure that this policy is communicated to older peoples teams/ wards as there are issues around dementia and learning disability.

**Gender reassignment (including transgender)**

No issues identified

**Sexual orientation**

No evidence identified.

**Religion or belief**

No evidence identified.

**Pregnancy and maternity**

No evidence identified.
<b>Carers</b> Carers of service users should be made aware of this policy. Carers should be consulted at all times in relation to the needs of the service user.
<b>Other identified groups</b> No issues identified
<b>Cross Cutting</b> No issues identified

<b>Human Rights</b>	<b>Is there an impact? How this right could be protected?</b>
<b>Right to life (Article 2)</b>	This policy has been developed from the Green light toolkit requirements which was the response to the Health care for all inquiry. The inquiry was its self a response to the Death by indifference report.  This policy will ensure further that service users are treated within Human Rights based approach.
<b>Right of freedom from inhuman and degrading treatment (Article 3)</b>	Use supportive of a HRBA
<b>Right to liberty (Article 5)</b>	Use supportive of a HRBA
<b>Right to a fair trial (Article 6)</b>	Use supportive of a HRBA
<b>Right to private and family life (Article 8)</b>	Use supportive of a HRBA
<b>Right of freedom of religion or belief (Article 9)</b>	Use supportive of a HRBA
<b>Right to freedom of expression</b> <b>Note: this does not include insulting language such as racism (Article 10)</b>	Use supportive of a HRBA
<b>Right freedom from discrimination (Article 14)</b>	Use supportive of a HRBA

<b>Engagement and Involvement</b> <i>detail any engagement and involvement that was completed inputting this together.</i>
This policy had been developed and informed under the work of the Green light toolkit. The Green Light toolkit work involved consultation with the advocacy group, Peoples First, various service user groups, Liverpool and Sefton LD Partnership boards. The policy development previously involved consultation with Liverpool and PCP CBU medical and nursing leads

Staff from the local service division have been attending have been attending training/Awareness on the Green light toolkit and about the diagnosis of people with learning disabilities. The Green light toolkit is included also on the Trust equality and human rights corporate induction programme and also on the Trust Equality and Human Rights KSF(Knowledge and skills framework) level 1 and 2 training .

## Summary of Analysis

This policy has been developed to improve the health care and mental well being of services users with a learning disability. This policy seeks to address inequalities in mental health services and promote equality in access to services and promote concept of reasonable adjustments under the Equality Act 2010.

## Eliminate discrimination, harassment and victimisation

This policy promotes equality of access to services as well as reasonable adjustments.

## Advance equality of opportunity

## Promote good relations between groups

This policy would aim to bring two staff groups together from learning disability and mental health in order for there to be a seamless service for individuals with learning disability and mental health needs

## What is the overall impact?

Service users with learning disabilities and their carers should report high levels of satisfaction when using Mersey care services.

## Addressing the impact on equalities

*There needs to be greater consideration re health inequalities and the impact of each individual development /change in relation to the protected characteristics and vulnerable groups*

## Action planning for improvement

Detail in the action plan below the challenges and opportunities you have identified.

1. *Inform the Trust Board of this policy.*
2. *Inform all staff working within the Trust about the policy*
3. *All professional leads should be made aware of the policy.*

4. *Ensure that Mersey care Service user and carer forum are made aware of the policy.*
5. *Ensure that community groups involved in the wider work of the policy and the Green light toolkit are made aware of the policy.*
6. *Ensure that the policy and Equality and Human Rights Analysis is placed in the public domain (ie the Trust website).*
7. *Local service division to consider service user and carer audit on their experiences and this should include obtaining data in relation to the protected characteristics as identified within the Trust Equality objectives.*

*Local health watch groups to be informed of the policy(Via Equality and human rights team).*

### **For the record**

This is a review therefore the minimum of three people is not required.

The Policy was subject a equality and Human Rights Analysis in February 2013 by Tracy Thistlethwaite., Sandra Bailey, George Sullivan, Bill Hiley

**Name of persons who carried out this assessment: Dr Shamas-Ud-Din & Sandra Watkins**

**Date assessment completed:**

13<sup>th</sup> July 2016

**Name of responsible Director:**

Executive Director of Nursing – Ray Walker

**Date assessment was signed:**

14<sup>th</sup> July 2016

# Action plan template

This part of the template is to help you develop your action plan. You might want to change the categories in the first column to reflect the actions needed for your policy.

Category	Actions	Target date	Person responsible and their area of responsibility
Monitoring			
Engagement			
Increasing accessibility			

