

Learning Disabilities and Autism Annual Report
Quality Assurance Committee
20 August 2026

Presented for:	Assurance
Presented by:	Rachel Davies Lead Nurse for Learning Disability and Autism
Author:	Rachel Davies Lead Nurse for Learning Disability and Autism
Previous Committees:	Safeguarding and Mental Health Oversight Group 29 July 2026.

Freedom of Information Act (FOIA) Exemption	☐ YES (restricted from the FOIA) ☒ NO (available to the public under the FOIA)
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Link to Strategic Objective	Partnerships – integration that adds value, with patients at the centre.
Link to Provider Capability Assessment	People and culture
Link to CQC Well-led Statement	Shared Direction and Culture
Regulatory Impact	Regulation 9: Person-centred care

Key points	Purpose
1. The Learning Disability and Autism (LDA) Annual Report is presented to summarise the key achievements and risks for 2025/2026; it also sets out our priorities for 2026/2027.	Assurance

Risk Appetite Framework			
Level 1 Risk	Level 2 Risks	(Risk Appetite Scale)	Impact
Clinical Risk	Patient Safety & Outcomes Risk - We will provide high quality services to patients and manage risks that could limit the ability to achieve safe and effective care for our patients.	Averse	Operating within
External Risk	Regulatory Risk - We will comply with or exceed all regulations, retain its CQC registration and always operate within the law.	Averse	Operating within

1. Summary

This report provides assurance to the Committee regarding the Learning Disability and Autism Team's delivery against statutory requirements, Trust strategy and quality improvement priorities during 2025/26. It highlights key achievements, identifies areas for further development and outlines priorities for 2026/27.

The report demonstrates progress against the Learning Disability and Autism Strategy for 2025/2028, Statutory duties under the Equality Act 2010, Health and Care Act 2022, The Autism Act 2009 and relevant NHS England Frameworks. The report outlines the trusts approach to improving health outcomes and experiences for people with a learning disability and autistic people (LDA) accessing Leeds Teaching Hospitals (LTHT)

This report focuses on key areas including, the identification of patients, implementation of reasonable adjustments, workforce training and development, patient experience, audit findings, identified themes and how these map against the Trust's improvement priorities.

Overall, the report provides assurance regarding the trusts commitment to improving care for people with LDA. Progress is demonstrated through the strengthened training offer (Oliver McGowan Mandatory Training, OMMT), improved audit process, alignment to NICE guidance and a focus on reducing health inequalities and improving access to reasonable adjustments.

This report also identifies areas for improvement, including strengthening our engagement with carers, improving consistency of reasonable adjustment documentation and embedding LDA awareness across all areas of the trust.

2. Update

The LDA team sits within the Chief Nurse CSU and as such follows the governance and assurance arrangements within this structure. The team is split into three workstreams, Clinical, Workforce and Education and Quality Improvement. (See appendix 1 " Team Structure")

During 2025/2026 the team undertook a planned programme of internal transformation and capacity review. During this period, engagement in some external activities was proportionately reduced. This strengthened resilience, improved processes and enabled delivery of major strategic priorities including the Diamond Pathway, revised Q2 audit and implementation of the 2025–2028 strategy.

Enabling the team to provide assurance that the service is well positioned to respond to future demand, deliver continued improvements in patient experience and outcomes, and support the Trust's wider objectives in reducing health inequalities.

Activity:

- 4960 referrals received (slight reduction from 5015 in 2024/2025)
- Continued increase in outpatient and pre-admission referrals
- High numbers of patients requiring reasonable adjustments

(See appendix 2 " Inpatient Bed days/ Outpatient Appointments Data).

During 2025/26, the Learning Disability and Autism (LDA) workforce has continued to deliver against the objectives outlined within the Learning Disability and Autism Strategy 2025/2028.

Key achievements:

- Implementation of the Diamond Pathway
- Strengthened annual audit aligned with NICE guidance
- Review of the service model to ensure effective use of resources

The annual audit demonstrated several positive findings. All patients reviewed had a documented discharge plan and evidence of multidisciplinary involvement in care planning. There was evidence that staff were increasingly recognising the importance of reasonable adjustments and person-centred care.

The audit also identified areas requiring improvement. Carer documentation remained inconsistent, with only around half of patients having a Carers Passport and fewer having a Carer Conversation Sheet. Highlighting the need for greater collaboration with the Trust's Carer Programme and supporting more effective involvement of carers.

The service experienced sustained growth in referrals from multiple sources throughout the year, reflecting increasing awareness of the specialist support available. The service undertook a review of referral management processes to ensure capacity was focused on patients requiring the greatest level of specialist intervention. Streamlining processes released approximately 20 hours of clinical capacity per week, enabling more direct patient-facing work and improved responsiveness.

This has enabled the workforce to improve responsiveness to referrals and strengthen the provision of specialist support.

These improvements provide assurance that the service continues to review and adapt its operating model to meet demand whilst maintaining a focus on quality and effectiveness.

Reporting, Investigation and Monitoring

The team has continued to play an active role within the Trust's Safeguarding Governance Structure and supports the strengthened governance arrangements introduced for 26/26.

A structured reporting programme is in place on key initiatives, performance indicators and quality improvement activity. Enabling ongoing scrutiny of progress, benchmarking against national standards while providing assurance.

Key components of the reporting programme include:

- Annual Learning from Lives and Deaths (LeDeR) Report.
- Oversight and progress reporting for the Oliver McGowan Mandatory Training Programme.
- Results and learning from the Q2 Learning Disability and Autism Audit aligned to NICE guidance.
- NHS benchmarking activity and comparative performance review.
- Monitoring of compliance with relevant NICE guidelines relating to learning disability and autism.

Key Themes and Learning

DATIX Incidents

Incidents reduced by 59% during the reporting period, from 182 in Quarter 1 to 74 in Quarter 4.

- Q1 Total: 182
- Q2 Total: 173
- Q3 Total: 130
- Q4 Total: 74

Total incidents reduced from 182 in Q1 to 74 in Q4, representing an overall reduction of 59.3%. The most significant improvement was observed between Q3 and Q4, where incidents decreased by 43.1%, following a 24.9% reduction between Q2 and Q3.

The data demonstrates an encouraging reduction in incident reporting during this period. The most notable improvements are seen in pressure ulcers and tissue damage, medication incidents, slips/trips/falls, and restraint, all of which show sustained reductions. Pressure ulcers and tissue damage remain the most frequently reported incident category which is in keeping with previous years reporting and aligns to reporting across all patient area, highlighting that there is no evidence of inequality. Other categories remain relatively stable at low levels, with no emerging areas of significant concern identified from this dataset.

PALS and Complaints

A small rise in complaints (approx. +2 per quarter) reflects increased numbers of flagged patients. Themes mirror Trust-wide issues: communication, delays and access. Two CSUs showed proportionally higher communication-related concerns and are receiving targeted support.

See Appendix 3 – PALS Data

LeDeR

During the reporting period, 35 deaths of people with a learning disability were notified through the LeDeR programme. The themes identified through local reviews remain consistent with those reported across the region and nationally, with no emerging concerns or unexpected variation identified. This is within the context of an increasing number of patients appropriately identified and flagged on the Trust's Electronic Patient Record, alongside a stable referral rate to the Learning Disability and Autism Team, providing assurance that increased identification has not adversely affected the team's ability to respond to referrals or support patients requiring reasonable adjustments.

The Trust maintains robust governance arrangements to support the LeDeR programme through the Quality Improvement Practitioner, who ensures that relevant clinical information is provided to reviewers in a timely manner and offers specialist support throughout the review process where required. This approach provides assurance that reviews are informed by comprehensive organisational information, that opportunities for learning are identified consistently.

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The Trust continues to be an active contributor to regional LeDeR governance through representation on regional learning panels and collaborative forums. This enables benchmarking against regional and national findings, provides assurance that local themes remain consistent with the wider health system, and supports the timely dissemination and implementation of learning. There is ongoing evidence that learning from LeDeR reviews informs service development, strengthens the implementation of reasonable adjustments, and contributes to reducing health inequalities for people with a learning disability, in line with regional priorities

Feedback from the West Yorkshire annual report highlights

“Good support from the LD team in the acute trust and recognition of the critical nature of condition ensuring privacy and family support”

“Hospital passports ensured personalised care plan”

“It was arranged that a teeth extraction and other essential procedure were both done at the same time when under general anaesthetic to reduce distress of repeated procedures”

Education and Training

The Oliver McGowan Mandatory Training Programme (OMMT) remains a key priority. During NICE guidance review OMMT was identified as key training to improve the standards compliance. Progress is delayed at LTHT. The target for 2025-26 set by NHSE was 30%. The target set by NHSE for 2026-2027 is for 60% compliance.

Currently Trust compliance is:

- 68% compliance with Part 1 (mandatory)
- 10% compliance with Part 2 (Part 2 of the OMMT is not yet mandatory which may indicate lower compliance figures)

Training priorities were informed by DATIX, PALS, complaints and LeDeR themes. Impact will be monitored through patient experience, length of stay and audit findings.

3. Key Achievements

3.1 Paediatric Saturday Blood Test Clinic

The team continues to support the paediatric Saturday blood test clinic, supporting patients who may be more anxious or have a fear of blood tests. Patients with LDA access the clinic with our support, it is a low stimulation environment and preparation for the appointment is undertaken by the LDA team. Each patient is allocated a booked slot with extended time. The team is currently undertaking a quality improvement project looking at phlebotomy for our patient group and the difficulties they face accessing phlebotomy services. The aim of this is to create a more streamlined approach to phlebotomy across adults and paediatric services for patients who would otherwise not be able to access phlebotomy.

3.2 Acute Care Bags

The Acute Care bags is now in year 5, with funding again from Leeds Charity to enable the continuity of the project. There are 44 other Trusts using the scheme. 4520 bags have been

distributed at LTHT. Nationally there has been the distribution of 14250 bags. In 26/27 the team are looking to publish a paper detailing the project and the impact on patient experience.

3.3 Diamond Pathway Launch

2025 saw the launch of the LTHT Learning Disability and Autism Diamond Pathway, supporting earlier identification of patients requiring reasonable adjustments across acute services. The Diamond Pathway is an adjusted care pathway designed to ensure that people with LDA receive safe, person centred and equitable care throughout their hospital journey. It supports staff to identify patients with LD/A at the earliest opportunity, implement reasonable adjustments, utilise health passports, consider early onward referrals, improve communication and involve the right people in their care.

3.4 LTHT Learning Disability and Autism Strategy 2025-2028

The strategy sets out the trust commitment to reducing health inequalities. With a focus on embedding reasonable adjustments, improving identification of patients and strengthening knowledge. It is underpinned by quality improvement initiatives, co production and inclusion.

3.5 OMMT progress

Since January 2026, Part 1 of the Oliver McGowan Mandatory Training (OMMT) has been a mandatory requirement for all Trust staff. Part 2 training continues to be delivered through an external provider at no cost to the Trust. The Learning Disability and Autism Team is overseeing the programme's rollout and sustainability.

As a result of these developments, the Trust is now in a much stronger position to progress towards compliance with the statutory requirements set out within the Health and Care Act 2022, the Oliver McGowan Code of Practice, and associated CQC regulatory expectations. The programme continues to benefit from strong partnership working and enhanced organisational oversight, providing a robust foundation for future implementation.

A key strength of the programme remains its co-production and co-delivery model, with training delivered alongside people with lived experience of learning disability and autism. This is a fundamental requirement of the Oliver McGowan Code of Practice and is consistently highlighted by participants as one of the most impactful elements of the training, helping to improve understanding, challenge assumptions, and promote more person-centred care across the organisation.

3.6 Transfer to clinical note and specialist referral

December and January saw the team undertake an internal review of their referral systems. Focusing on the various routes of referrals into the team, and the amount of time triaging the referrals. The team was able to streamline all internal referrals (60%) onto the specialist referral function within PPM+. Overall, this saved the team 20hours of admin per week which is now spent seeing patients and prioritising clinical urgency of reviews alongside embedding proactive reasonable adjustment care so this is documented at the point of care.

3.7 NICE Guidance Increased Assurance

A more robust review identified compliance ranging from 50–91% (only 2 documents at 100%). Action plans are in place, with full compliance expected within three years. An action plan has been formulated for each set of guidance, and we are currently working toward

100% compliance in all. This may take up to 3 years to achieve but ongoing reviews and reports via governance will be available.

3.8 Patients flagged as needing reasonable adjustments / easy read

- 11,610 patients identified with LDA (+16%)
- 9208 patients flagged for reasonable adjustments on PAS to support the implementation of “Reasonable Adjustment Digital Flag (RDAF)” programme set by NHS England.
- 4186 patients recorded as requiring easy-read communication

3.9 Q2 Audit Review

During 2025/26, the Learning Disability and Autism Q2 Audit was reviewed to strengthen assurance and align more closely with NICE guidance and national best practice. The revised audit places greater emphasis on measuring the quality and impact of care delivered to people with LDA, including the implementation of reasonable adjustments, carer involvement, discharge planning, communication needs, and the use of documentation such as hospital passports.

4. Areas for Improvement and Next Steps

4.1 Commitment to Partnership Working

During 2025/26, the primary focus of the Learning Disability and Autism Service has been an in-depth strategic review of the service, ensuring that priorities, resources and delivery models are aligned to the evolving needs of patients, staff and the wider organisation. Building on this work, 2026/27 will see an in partnership working across the region, strengthening collaborative relationships with system partners to improve outcomes and reduce health inequalities for people with a Learning Disability and autistic people. The service will also increase its involvement in Trust-wide collaboratives, across key programmes of work.

4.2 Support for carers

In response to the Q2 Audit and NICE Review improving support for and engagement with carers will be a key objective for 2026/27.

5. Quality and Performance Implications

The Learning Disability and Autism Service continues to provide assurance that quality and performance standards are being monitored and improved through a range of governance, audit and quality improvement activities. The revised Q2 Audit, aligned to NICE guidance, has strengthened assurance regarding the implementation of reasonable adjustments, discharge planning, multidisciplinary working and person-centred care. Audit findings demonstrate positive performance in discharge planning and care coordination, while also identifying opportunities to improve carer involvement and documentation.

Ongoing monitoring of DATIX incidents, complaints, PALS feedback, LeDeR reviews and training compliance provides a structured approach to identifying themes, measuring impact and driving improvement. The reduction in incident reporting throughout 2025/26 provides

assurance that current interventions are supporting safer care and improved patient outcomes for people with a learning disability and autistic people.

6. Financial Implications

The Learning Disability and Autism Team continues to operate within existing resources whilst delivering key strategic priorities. During 2025/26, a review of referral management processes enabled efficiencies equivalent to approximately 20 hours of clinical capacity per week, improving responsiveness and increasing direct patient-facing activity without additional investment.

Current delivery of Tier 2 Oliver McGowan Mandatory Training benefits from external funding arrangements. However, external funding is expected to cease in 2027, creating a future financial pressure for the Trust. Work is underway to identify sustainable funding options and develop increased in-house delivery capacity to mitigate future costs and maintain compliance with statutory requirements.

Charitable funding continues to support projects such as the Acute Care Bag initiative, enabling the continuation of improvements to patient experience without additional Trust expenditure.

7. Risk

Following significant progress in the implementation OMMT in 2025/26, a key priority for 2026/27 will be the development and expansion of in-house Tier 2 delivery.

The delivery of the Oliver McGowan Mandatory Training (OMMT) programme continues to present a significant organisational risk. Ongoing operational pressures, workforce capacity constraints and competing training priorities continue to impact staff attendance and completion rates, particularly for Tier 2 training. Insufficient uptake of the programme may limit staff knowledge, skills and confidence in supporting people with a Learning Disability and autistic people, potentially affecting patient experience and outcomes. The Learning Disability and Autism Team continues to closely monitor compliance, through governance structures and work collaboratively with operational and executive colleagues to improve uptake and embed the training.

A significant strategic risk relates to the future funding and sustainability of the OMMT programme. External funding currently supporting Tier 2 delivery is due to cease in 2027. This will create financial and operational pressures. The funding required to support the mandatory involvement of Co training is awaiting the availability of Continuing Professional Development (CPD). Should CPD funding not be secured on an ongoing basis, the Trust will need to identify alternative funding mechanisms to ensure the continued delivery, quality and sustainability of the programme beyond 2027. Overall, the risks associated with OMMT remain within the Trust's risk appetite, but without securing sustainable funding and delivery models over the next year, the Trust is likely to operate at or above its stated appetite—particularly regarding compliance and performance. Current completion rates place the Trust at heightened operational and regulatory risk. This is being mitigated through active monitoring, governance oversight and ongoing improvement work. Strengthening operational engagement and expanding in house Tier 2 delivery will further stabilise the position.

National expectations reinforce the need to embed OMMT, and both NHSE and the Health and Social Care Act provide little tolerance for prolonged non compliance. OMMT was

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therefore added to the corporate risk register in early 2026/27. The programme is directly linked to statutory duties under NHS England requirements and the Equality Act 2010. Failure to comply carries regulatory exposure, including potential CQC findings relating to staff training, patient safety and responsiveness to individual needs.

There is also a corporate risk that reasonable adjustments are not consistently embedded for patients with LDA (Risk 9292). While controls have strengthened, workforce constraints mean improvements are currently being maintained rather than expanded. Despite this, there is a clear improvement trajectory, and with full staffing and restored capacity, the Trust is expected to reduce the risk rating in future review cycles.

8. Communication and Involvement

The Learning Disability and Autism Team maintains strong engagement with patients, families, carers, clinical teams and system partners. Service development continues to be informed through patient experience feedback, PALS concerns, complaints, LeDeR reviews, audit findings and engagement with people with lived experience.

Co-production remains a central principle of the service, particularly through the delivery of the Oliver McGowan Mandatory Training Programme, where people with lived experience of learning disability and autism contribute directly to training delivery. The team will further strengthen partnership working and engagement with carers during 2026/27 in response to audit findings and identified improvement priorities

9. Impact on Equality & Health Inequalities

This work directly supports the Trust's responsibilities under the Equality Act 2010, the Autism Act 2009 and the Health and Care Act 2022. The Learning Disability and Autism Strategy 2025-2028 is focused on reducing health inequalities, improving identification of patients, embedding reasonable adjustments and supporting equitable access to healthcare services.

The continued increase in patient identification, implementation of reasonable adjustment flags, strengthening of the Diamond Pathway and delivery of specialist staff training all contribute to improving outcomes and experiences for people with a learning disability and autistic people. These initiatives support equitable access to care and help reduce avoidable variation in health outcomes across the Trust.

10. Publication Under Freedom of Information Act

This paper has been made available under the Freedom of Information Act 2000.

11. Recommendation

The Quality Assurance Committee is asked to:

- Receive and note the Learning Disability and Autism Annual Report for 2025/26.
- Take assurance from the progress made against the Learning Disability and Autism Strategy 2025/2028 and associated statutory requirements.
- Note the key achievements, risks and priorities identified for 2026/27.
- Support the continued development of the Oliver McGowan Mandatory Training Programme and the actions required to ensure long-term sustainability and compliance

12. Supporting Information

The following papers make up this report:

- Appendix 1- Learning Disability and Autism data.