Autism Support Project
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## AUTISM SUPPORT PROJECT GAP ANALYSIS REPORT – SEPTEMBER 2022

In May 2022 a new project was required for the Trust under the title of the Autism Support Project, which would ultimately look to produce a GAP analysis back to the senior leadership of the Trust.  The report is expected to be an accurate representation of where the Trust stands in terms of its awareness of Neurodiversity and how this is translated into practice.

This supporting document will complement the outcomes of the project whilst giving further clarity and context to the rationale for what is considered 'best practice' and more importantly how this can be implemented in practice to improve the experience of service users when accessing our services.  In addition to this, the project has been asked to review the current processes in situ regarding recruitment to ensure we are meeting our obligations to ensure a fair and transparent process is applied.

The Trust already has staff networks in place, the project has been asked to link in with the existing Disability and Wellbeing Network (DAWN) and explore new ways of engaging with existing staff whilst exploring how the DAWN network can supplement the aims of the project.

The project will be guided by evidence-based recommendations, where this is not possible it will consider the current best practice.  During the project, it is hoped that this will identify areas to be considered for future improvement.  The GAP analysis will aim to compliment the Trusts existing corporate objectives, and work to supplement the Trusts own EDI strategy to help ensure all staff feel confident in supporting the needs of the community we serve.

This supporting report will follow a commonly used audit cycle in order to accurately identify the stages for improvement.  The GAP analysis will will explore the evidence as well as use recognized audit tools to gather data that will be analyzed in greater detail.  This analysis will further support the need for change in practice and explore ways in which TGH can champion neurodiversity and make a real difference.

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The autism project will use the widely recognized clinical audit cycle to keep track of its progress, the stages used will form the basis of this report and allow it to be easy to follow whilst remaining in a logical format throughout.

The six-step process of the clinical audit cycle shown above will guide the project however it is worth noting that the project will follow the cycle up to step four where the project will analyze the data to propose future changes.  It is hoped that once the project has identified areas for improvement these can be prioritized with a view of establishing short-, medium- and long-term goals.

Following the audit cycle ensures that at each stage the autism project can remain objective and focused, in addition to this it will allow for continuous improvement through re-auditing that will facilitate changes based on the best evidence and practice available.

Due to the short duration of the project, there has not been an opportunity to gather data using the audit tool.  However, there have been positive conversations with the National Development Team for Inclusion (NDTi) about the Green Light Toolkit (NDTi 2022) which different departments and the wider Trust can self-audit its knowledge and understanding of Autism.

The Green Light Toolkit is an online tool that can be used to gather subjective information from the Trust staff giving an opportunity to score themselves using a recognized set of questions.  These scores can be viewed alongside other internal departments and even other Trusts.  It is the projects opinion that this would be a very useful tool to highlight TGHICFT and its progress in the wider GM area.

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## Introduction

Oliver McGowan video.

[The Oliver McGowan Mandatory Training in Learning Disability and Autism - YouTube](#)

## Identification of the problem.

Autism is described by the National Institute for Health and Care Excellence (NICE) as "a lifelong neurodevelopmental condition, the core features of which are persistent difficulties in social interaction and communication and the presence of stereotypic (rigid and repetitive) behaviours, resistance to change or restricted interests" - NICE 2021.

It is known that autistic people commonly experience "with cognitive and behavioural flexibility, altered sensory sensitivity, sensory processing difficulties and emotional regulation difficulties. The features of autism may range from mild to severe and may fluctuate over time or in response to changes in circumstances" – NICE 2021

Estimates of the prevalence of autism vary geographically with estimates within the UK around 1 or 2 per 100 people. Some estimates globally put it around one in fifty which demonstrates an increasing need for services such as the NHS to have policies in place to limit the disparity that autistic individuals experience in their daily lives.

Existing guidance issued by NICE that details the diagnosis and management of adults with autism is found within NICE clinical guideline (CG) CG142. This project will actively explore that evidence that underpins the recommendations of CG142 whilst specifically looking at the recommendations for supporting autistic adults.

This project will also ensure that consideration is given to existing care pathways / best practices and any recommendations previously identified whilst remaining flexible to adapt.

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## Project Objectives

There were three objectives for this project, they were.

1. Review patient pathway for autistic patients, identifying cognitive and sensory adjustments that may need to be considered for both elective and non- elective pathways.
2. Review recruitment process for prospective employees and sense check "Autism Friendly" application and interview process.
3. Review current support networks for staff.

In this project I have been looking at each objective that was set in the initial document. This report details each objective individually and provides an update in the form of a GAP analysis. The actions taken by myself to work on this project were taken carefully so that I remained focused on what I have been asked to report on.

Prior to the report on my findings, it is worth noting that the project has been keenly received in the meetings and discussions I have had both internal and external to the Trust.

The model for the GAP analysis that I have used within the project and this report is a four-stage model. Designed to identify areas that have gaps and a way of being able to identify future actions.

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## Review patient pathway for patients with Autism, identifying cognitive and sensory adjustments that may need to be considered for both elective and non- elective pathways.

### Current State

Currently within TGH the status of existing patient pathways to support patients with autism when accessing services are very limited.  Service users presenting to TGH through both emergency admissions and through elective routes might be in possession of the hospital passport scheme (National Autistic Society) tailored for the support of autistic people.

The Trust also has an existing mechanism whereby a digital flag in the form of an alert may be recorded on the service user's electronic patient record (EPR) data.  The alerts currently on the EPR (Lorenzo) have the potential to inform staff that the patient has a diagnosis of Autism Spectrum Condition.

At present, if Trust staff are aware of this alert, they can identify that service users might require additional support and their care needs may require some adjustments.  At present, autistic patients presenting to the urgent care setting are not being identified in a timely fashion preventing them from having their needs identified as soon as they arrive.  In discussions with the urgent care management, there have been recent complaints from service users that further reinforce the need for timely identification so that the most appropriate steps can be taken.

On examination of current Trust documentation there is currently limited information in the form of nursing care plans (NCP) within the Trust intranet.  There are currently no NCPs specifically in situ to support clinical staff in supporting autistic patients, potentially this could mean that clinical staff without any pre-existing knowledge of autism are in a position whereby they are not meeting the basic care needs of those with autism.

### Future State

In the process of managing this project, I have been able to meet and discuss autism and how support needs are met both nationally and within the north-west.  The discussions have been essential in ascertaining how other organisations support autism especially in comparable healthcare structures.  Within Greater Manchester (GM) there is currently a disparity in real terms when it comes to the

quality of knowledge, training and care delivery.

In comparison with other NHS Trusts within GM, Tameside ICFT has the potential to move forward with its own (Equality Diversity and Inclusion) EDI strategy which is due for a review in 2022 and look to improve the delivery of care for those with neuro-diverse (ND) needs.  In a relatively short period of time, support and understanding for ND individuals has grown both within GM but also nationally.

Within GM, the Greater Manchester Health and Social Care Partnership (GMHSCP) has produced an updated 'Making Greater Manchester Autism Friendly' all-age autism strategy 2022-2025 that sets out the future vision of support to autistic people within GM, the key priorities and how these will be delivered [GMHSCP Autism Doc - April 2022 FINAL.pdf (govdelivery.com)](GMHSCP Autism Doc - April 2022 FINAL.pdf (govdelivery.com))

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This document sets out the updated GM autism priorities to help enable a more inclusive and diverse GM.  Improvements in the support of ND individuals within Tameside has the potential to help align us with other NHS Trusts within GM that have existing ND strategies.

In conversation with clinicians from Manchester University NHSFT (MFT), I have been able to see how they have implemented a structured and forward-thinking ND strategy alongside teams of clinicians that cover and support service users with a neuro-divergence. MFT has kindly shared with the project details of how they support autistic adults, these documents illustrate how assurances are given to the standards delivered and will pe provided as a separate document.

From discussions with key stakeholders locally, there is a high level of interest in how TGH delivers and supports care to autistic patients.  The future around delivery of care is evolving with the arrival of mandatory training in LD and Autism in healthcare setting.  There is an opportunity for TGH to get ahead of the curve with an EDI agenda that incorporates a neurodiversity element.

## GAP Identification

In conversation with other NHS Trust and local and national stakeholders, there are remarkable differences in the quality of support that is given to those service users.  At present, the Trust has very limited information available internally to guide and support staff in providing person centered care to service users.

On examination, when service users present to TGH via the urgent care route, staff can be made aware if they have disclosed their disability and it is documented on their EPR.  In addition to this, if an alert has been recorded this should assist staff in identifying patients with additional support needs.  In discussion with IT staff that support the Trusts EPR, it was clear that the EPR has the potential to alert staff to additional care needs but relies on the user being aware of alerts and checking these routinely on admission.

At present the Trust has sensory packs available but this is reliant on staff being aware of their

At present the Trust has sensory packs available but this is reliant on staff being aware of their existence.  The Trust has advertised the availability of these, however in my personal experience and the experiences of others (anecdotal evidence from other autistic adults attending Tameside autism in mind).  At present, services users presenting via the UC route are checked in and then asked to wait in the main waiting area, then triaged and returned to the same waiting area.  At present, there is not a dedicated quiet / sensory area within the UC waiting area specifically allocated to help the experience of those presenting in an autistic meltdown.

Service users in crisis / autistic meltdown currently find themselves presenting to UC and being required to sit and wait in environments that are counter-productive in supporting those with ND needs.

Aside from the UC setting, if the decision to admit is made then additional care planning is needed to support patients as they transition from the UC setting to areas such as AMU and ward areas.  In these settings, additional nursing documentation and guidance is created through nursing care plans, risk assessments etc.  At present, nursing care plans are available via the Trust intranet (TIS) and are split into their core care categories.

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Supporting a service user in a clinical setting requires that staff consider the support needs, therefore the Trust needs to look at creating care plans that consider the patient holistically.  At present on accessing the care plans via TIS there is not a specific category that contains care plans.  Staff with knowledge of neurodiversity and how this affects autistic patients would still struggle to find guidance to include in the patients care plan that would remain for the duration of the patients stay.

## Improvement

In reviewing the current state of support to autistic patients, gaps have been identified in the continuity of care from admission to the care delivered in ward settings.  There needs to be improvement in the identification of those with ND needs using EPR alert or a patient hospital passport.

Early identification should assist staff in understanding and planning to meet their needs.  At present it is difficult to meet their needs in the UC setting, although this can be mitigated using sensory packs.  In addition to this, staff would benefit from autism awareness training including non-clinical staff that have face to face contact.

In addition to the early identification of autistic patients, with the planned upgrade to UC services currently being built at TGH there is an opportunity to discuss the need for a sensory room within the waiting room area to help manage patients in crisis.

**<u>Review recruitment process for prospective employees and sense check "Autism Friendly" application and interview process.</u>**

**<u>Current State</u>**

I have discussed this project and this objective with senior members of the recruitment team and the Trust is aligned with guaranteed interview scheme.  In line with other Trusts, the recruitment process enables interviewees to declare any existing disabilities that would include autism being considered to highlight any reasonable adjustments that may be needed.

In view of this, there are existing processes in place that support the applications of autistic individuals.

**<u>Future State</u>**

In conversation with representatives of the recruitment team and HR, I updated them with regards to the project and how I am looking at recruitment.  Recruitment is in the process of looking at pathways into employment and potential barriers that if removed will create new and improved pathways into employment through schemes such as supported internships or volunteers.

In the Trusts most recent EDI strategy, it states that its aim is to look at building on the existing work that has been made to become a Disability Confident Scheme Employer (level 2) and its aim to build on this with an aim to achieve level 3 (Disability Confider Leader).  Whilst this strategy is due to be reviewed, this project hopes that it will continue its aim to achieve level 3.

As a Disability Confident Employer, the Trust is already benefiting from being able to draw from the widest possible pool of talent, and is securing, retaining and developing disabled staff who are skilled, loyal and hard-working.

Being a Disability Confident Leader (level 3), the Trust can gain recognition from:

- Disabled staff already within the Trust
- Disabled people outside of the Trust
- Other businesses externally to TGH
- Our service users
- The wider community within Tameside and wider GM.

Part of becoming a champion for Disability Confident within the Trust and the local community, business communities and encouraging and supporting other businesses in your supply chain(s) and your networks to become Disability Confident.   In doing so, we will be showing disabled people that you are leading the way in getting every business to become Disability Confident.

The EDI strategy is due to be reviewed and updated in 2022, therefore the future state of becoming a disability confident leader will have shown the Trusts commitment to champion the recruitment of disabled people and those with autism and learning disabilities.

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## GAP Identification

The project has reviewed this element and looked at potential gaps in this area.  The project has identified one GAP of which the recruitment team are aware of.

Therefore, I believe that the Trust will be able to improve on its EDI commitments to work towards becoming a disability confident leader.  Through this, it will be required to show it is leading from the front and open to the opportunities of becoming a role model.

## Improvement

Within the area of recruitment, work is currently ongoing and has been constructive in identifying areas in which change will deliver real terms improvements within the organisation.  The Trust can be satisfied that these improvements have made changes through assurance.  This assurance can be measured against existing support available and attaining the standard of disability confident leader.

It is believed that attaining level 3 will ensure that the Trust is able to continue to align itself with the EDI strategy and champion new and diversified routes into employment.

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## Review current support networks for staff.

The project has linked in with the existing Disability and Wellbeing Network (DAWN) network, within this objective there is already an existing network of existing staff.  In conversation with the network, I was able to introduce the project and be able to articulate how and why I have been asked to be involved.

I spoke with the network about what I have been able to do in the limited time I have been involved, there was support for the project and an opportunity to discuss potential aims.

As previously mentioned in this project report, the Trust is in the process of reviewing the Trusts own EDI strategy and as part of this it was the goal of improving on its own achievement of becoming a disability confident employer.  The DAWN network is already supporting the Trust in providing support and feedback.

Existing staff networks already form a link between the Trust management, and they have the potential to support others within the Trust.  Alongside the work that the Trust has done to support

existing staff, it could benefit from initiatives such as the differently abled buddy scheme that is being trialled (NHS Employers 2022) that looks to do the following.

- Settle staff into their role and the organisation as quickly and effectively as possible through provision of informal and friendly one to one buddy support.
- Staff can more confidently discuss individual needs and preferences in relation to ways of working with their line manager, using the Health Passport as a basis for discussion.
- Staff to feel supported to seek and gain appropriate reasonable adjustments.
- Signpost staff and support in navigating the Access to Work process where appropriate.
- Staff can link in with other support in the Trust.

A scheme such as this seeks to support new staff joining the organization with disability, long term health conditions or neurodiversity, and pairing them up with a 'buddy' who also identifies as differently abled and who is an established member of the organization.

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**Project Conclusion**

As an existing member of staff within the Trust that openly discloses my autism and embraces the challenges that this presents.  I am therefore justifiably passionate about the quality-of-care services delivered to the community that we serve.  Understandably, COVID 19 presented a unique challenge to all facets of healthcare that remains a fluid challenge.  These challenges have been recognised within the NHS (NICE 2020) through a specialty guide on how to support the management of patients with autism and/or a learning disability.

TGHICFT as an organisation has the same statutory responsibilities to support patients with LD and or autism as other NHS organisations, this has been noted in its EDI strategy and the wider corporate goals.  The Trust has also shown commitments to building on its wider EDI strategy where it set a goal of attaining disability confident level 3.

In addition to its legal obligations, there is also a requirement for the trust to report on its Workforce Disability Equality Standard (WDES) in which the Trust is scored against ten metrics that help TGH to compare the workplace and career experiences of disabled and non-disabled staff. The data can be found at Annex B.

The WDES data reported in 2021 can be found at annex B and shows a marked increase from 2021 into 2022 of disabled staff and non-disabled staff reporting bullying, harassment or abuse. The data could suggest that disabled staff are either more likely to experience it or feel more confident in reporting this. Either way, examining this data alongside the staff survey results found at Annex C suggests that the Trust is not doing enough to create the right environment and culture where the differently abled feel confident in their role.

The project has spent time reviewing the Trusts commitments and can see that it has made progress in recognising neurodiversity through the likes of this project and seeing the added value that can be achieved by embracing a varied and diverse workforce. However, in order to continue this positive trend, it must continue to see neurodiversity as an asset that will bring value.

Therefore, from the GAPs that have been identified above and from consultation with local stakeholders I have identified further potential changes. These changes will show the Trust how assurance and oversight will not only align it with the EDI strategy but enhance it to include support for patients and staff with Autism and/or a learning disability.

It has been made clear to the project that there is a big appetite for a closer interaction and working with local charities and organisations that support neurodiversity. There is also an exciting opportunity to work in partnership with others such as the Greater Manchester Autism Consortium (GMAC) to help build an organisation that can provide care and support for the community that we serve.

Moving forward, there is still a lot to be considered by the Trust in how it supports a neurodiverse agenda, this will hopefully play a key role in shaping the new EDI strategy. This might take the shape of a neurodiversity strategy that examines what more can be done to support our staff in all settings within the Trust to recognise, understand and take steps to ensure that we are meeting our legal obligations under the Equality Act and becoming a neurodiverse champion within GM.

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Within this project, I have been able to lend a valuable perspective to the process of holding a mirror up to ourselves and identifying areas that will benefit from changes, making a huge difference to the quality of care delivered. Within the next 12 months, it is expected that the plans to implement the Oliver McGowan mandatory training (UK Government 2022) will be rolled out to the whole NHS, to be best placed for this roll-out it is essential that we show progress in becoming an organisation that goes from being confident to a leader in all respects.

I would like to thank the Trust for the opportunity to be able to manage this project. The process has allowed me to demonstrate my passion for improving the quality of care as well as helping lend perspective to what is understandably a complex subject in most cases

perspective to what is understandably a complex subject in most cases.

Lee Fadden
Staff Nurse

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**Annex A**

**Autism Support Project - Reference list**

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**Annex B**

**WDES Comparison 2021/22**

**WDES 2021**


**WDES 2022**

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**Annex C**

**2021 NHS Staff Survey Results**

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