

**Regional Collaborative for NI Action Plan:
Strengthening the Commitment for Learning Disability Nursing**

Meeting 16th April 2015 @ 12.30pm

**Venue: Boardroom, Admin Building,
Muckamore Hospital, Antrim BT41 4SH**

In attendance

Dr Glynis Henry, CEC, Chair
 Maurice Devine, DHSSPSNI
 Frances Cannon, NIPEC
 Owen Barr, UU (attended from 1.30pm)
 Sarah Boyd, Student, QUB
 Olivia Boyda, WHSCT
 Carol Cousins, FSHC
 Eileen Dealey, WHSCT
 Peter Griffin, QUB
 Yvonne Diamond attended on behalf of Lorraine Kirkpatrick, FSHC,
 Molly Kane, PHA (attended from 1.30pm)
 Denise Martin, PHA
 Michael McBride, BHSCT, attended on behalf of Esther Rafferty, BHSCT
 Ronda Brennan, BHSCT
 Wendy McGregor, RQIA
 Bryce McMurray, SHSCT (attended from 1.40pm)
 Gordon Moore, SEHSCT
 Philip Rooney, NHSCT attended on behalf of Donna Morgan, NHSCT,
 Rita Devlin, RCN (attended at 3pm)

Apologies

Rachel McMaster, WHSCT
 Sharon McRoberts, SEHSCT
 Esther Rafferty, BHSCT
 J P Watson, FSHC
 Laurence Taggart, UU

Agenda Items	Notes & Action	Person Responsible
1.	<p>Welcome and Introductions</p> <p>Glynis Henry conducted a round of introductions and thanked Rhona Brennan and Michael McBride for facilitating a session before the NI Collaborative meeting at 12.30pm to demonstrate and share their experience of using the HEF as part of the HEF pilot within the BHSCT and the BHSCT MDT Documentation.</p>	

The BHSCT have been piloting the HEF since March 2015 and have been supported by the UK LD Nurse Consultants who developed the HEF. Michael and Rhona outlined the practicalities they had to overcome in relation to data storage and data protection before they started to use the HEF in practice. Michael and Rhona emphasised that they are very early stage in the process and have just been using the HEF for a month. It is being piloted in a 9 bedded in-patient setting and to date the clients in this setting have all had a HEF completed.

Key Messages from Pilot

- Once data protection and storage issues were addressed the use of the HEF was relatively straightforward
- HEF has been implemented at a low cost to the organisation
- The HEF provides a very visual representation of patient's health equalities and helps identify person centred needs
- The results of the HEF has shaped the care interventions provided for patients at an individual and ward level i.e. establishment of physical activity groups
- Data needs to be considered in context

BHSCT MDT Documentation

The MDT documentation is an electronic record using the PARIS system. The nursing documentation used within PARIS had been previously adapted from the regional care record for use within inpatient Learning Disability services and had been implemented within the service in written copy. This nursing documentation was subsequently developed into electronic form for use within PARIS. All members of the MDT who use the electronic documentation do so by using a password. Each patient has a MDT care plan. The MDT documentation record also includes a specific nursing assessment of patient need, a person centred care plan and a review of nursing care provided. Progress notes are multidisciplinary and a user name and number verify each entry.

Key Messages from the MDT electronic record

- The MDT record reduces duplication and repetition of information for patients
- The nature of the record means all members of the multidisciplinary team have access to "real time" information
- It improves communication between the MDT as the MDT can view other professionals care plans and progress notes
- Communication is enhanced within and between departments involved in patients care
- Ensures each patient has a person centred nursing care plan specifying person centred nursing care which is reviewed within specific timeframes
- Enhanced referrals between services.

2.	Notes of previous meeting on 27th January 2015 were agreed with no amendments																						
3	<p>Matters arising</p> <p>Frances Cannon reported that Esther Rafferty advised that BHSCT were self sufficient regarding information relating to the StC NI Action Plan and no further sessions were therefore planned.</p> <p>Other actions captured under agenda items</p>																						
4.	<p>Information Seminar Update</p> <p>Six StC NI Action Plan information seminars had now been delivered; one session in each of the five HSC Trusts and one in FSCH . These sessions were open to Learning Disabilities Nurses from all settings. HSC Trusts had extended invitation to their local Independent and Voluntary Sector Care providers.</p> <p>Table 1 below sets out the dates venue and numbers of participants who attended at each of the seminars</p> <p>Table1</p> <table border="1" data-bbox="359 943 1139 1263"> <thead> <tr> <th>Organisation</th> <th>Date</th> <th>Number participants</th> </tr> </thead> <tbody> <tr> <td>WHST</td> <td>21st Jan</td> <td>16</td> </tr> <tr> <td>SHSCT</td> <td>2nd Dec</td> <td>18</td> </tr> <tr> <td>BHSCT</td> <td>9th DEC</td> <td>8</td> </tr> <tr> <td>FSHC</td> <td>30th March</td> <td>11</td> </tr> <tr> <td>NHSCT</td> <td>10 April</td> <td>19</td> </tr> <tr> <td colspan="3" style="text-align: center;">Total number 91</td> </tr> </tbody> </table> <p>At the last meeting of the Collaborative, Maurice Devine had given an overview of the feedback from the information seminars. Seminars delivered since then have yielded similar feedback.</p> <p><u>Action Point:</u> Glynis asked Frances & Maurice to prepare short report detailing findings</p> <p>Glynis asked that the April NI Collaborative communiqué would feature the findings from the information seminars and form the bulk of the content of the communiqué. Frances to ensure the work of the Collaborative features in NIPEC News</p>	Organisation	Date	Number participants	WHST	21 st Jan	16	SHSCT	2 nd Dec	18	BHSCT	9 th DEC	8	FSHC	30 th March	11	NHSCT	10 April	19	Total number 91			<p style="text-align: right;">MD FC</p> <p style="text-align: right;">FC</p>
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5	<p>Service Use Engagement – Update</p> <p>Maurice reported that he and Glynis had met with Leslie-Anne Newton from ARC and discussed a range of service user engagement potentials which ARC could facilitate; however, each of these had a significant price tag. Unfortunately due to current financial pressures it is thought that the Collaborative would not be in a position now or in the near to take forward engagement</p>																						

	<p>processes via the suggested models</p> <p>Maurice reported that Leslie-Anne advised in her view the collaborative should:</p> <ul style="list-style-type: none"> • not have an individual with a learning disabilities around the Collaborative table • develop an easy read version of the NI Action plan • consider engaging with service users and cares on average twice a year to get their views on the work of the Collaborative <p>There was discussion around the table regarding different LD service user and carer groups already in existence within the HSC Trusts including for example the Tilli Group and others that could be asked to comment on the work of the collaborative.</p> <p><u>Action Point:</u> Maurice to develop a framework which will set out how the Collaborative could engage in a meaningful way with already established service user/care groups within the HSC Trusts.</p> <p><u>Action Point:</u> Maurice to write on the Chair’s behalf to CNO to test the possibility of sourcing funding to develop an Easy Read version of the NI Action Plan</p>	<p>MD</p> <p>MD</p>
<p>6</p>	<p>Outcome Tools</p> <p>Glynis initiated discussion with the group regarding the demonstration of HEF and PARIS and captured impressions of members of the HEF as a nursing outcomes tool. As an action from the previous Collaborative meeting Frances shared with the group what information had been established in relation to Recovery Star and HONOS</p> <p>Recovery STAR is not dissimilar to the HEF however it is not a tool specifically used to measure nursing outcomes. Recovery STAR, was also considered by members to be of relevance to mental health services.</p> <p>HONOS is an outcome tools used in Mental Health and Learning Disabilities services. Training in its use, is provided by the RCP. Frances noted that having contacted the RCP Belfast she was informed that it was unaware of HONOS training and unaware of any organisations using HONOS in NI. The HONOS tool is used by other professionals. Members of the Collaborative were aware of MH professionals primarily psychiatrists who are using it in practice.</p> <p>Glynis referred to the specific action identified in the NI Action Plan relating to “outcomes measurement “ as follows: <i>Develop and agree a process of measuring and demonstrating the outcomes of nursing in practice”</i></p>	

	<p>Following discussion within the group it was agreed that a regional learning event would be arranged to the tease out and formulate an agreed process of measuring the demonstrating the nursing contribution of learning disabilities nursing. The HSC CEC will host the learning event. It was agreed that a short life working group would be established to develop the programme for the Learning Event.</p> <p><u>Action point:</u> Members of the Collaborative as follows: Philip Rooney, Bryce McMurray Wendy McGregor, Owen Barr Maurice Devine and Yvonne Diamond to work meet and agree the aims and outcomes of the “Learning Event”.</p> <p>Gordon Moore also suggested that as a follow on from the information obtained via the Awareness and Engagements Sessions with LD nursing staff that some time should be set aside so that the Collaborative could work through the elements of the</p> <p><u>Action point:</u> This was also agreed to:</p>	<p>PR, BMcM, WMcG, OB, MD, and YD</p>
<p>7</p>	<p>Learning Disabilities Workforce – update on scoping</p> <p>The scoping tools have been disseminated as follows:</p> <ol style="list-style-type: none"> 1. HSC Trusts: Bryce McMurray SHSCT, Gordon Moore SEHSCT, SMcRoberts SEHSCT representing the five HSC Workforce Leads Esther Rafferty BHSCT. Donna Morgan NHSCT (Philip Rooney in her absence) Eileen Dealey WHSCT. 2. Independent Vol Sector via RQIA Wendy McGregor - 50 returns thus far 3. FSCH as largest Independent employer JP Watson, cc'd Lorraine Kirkpatrick and Carol Cousins 4. Other organisations: CEC RQIA HEIs, PHA, Board NIPEC 5. ARC Glynis and Frances had planned to meet Lesley Anne on 15th unfortunately Lesley Ann was sick <p>Glynis invited the members of the Collaborative to give an indication of how they were progressing in completing the scoping tools. All organisations reported they were in the process of gathering the relevant information. The closing dates for returns is 24 April 2015</p>	<p>Organisational leads as listed</p>
<p>8</p>	<p>UK Steering Group Update:- update from last meeting held on the 15/4/15</p> <p>Sharing Success Conference</p> <p>Information regarding conference has been circulated to the</p>	

Collaborative members via email.

At STC UK meeting on 15th March the STC UK Steering Group emphasised the need for each country to ensure they submit abstracts thus ensuring each country is represented. .

A judging panel will decide who presents at the conference. Glynis encouraged the Collaborative members to seek out and identify areas of practice within their organisations that could be submitted as abstracts

Additionally if staff are attending the conference they need to register attendance as places filling up quickly

StC 3 years on report

Frances reported submissions for StC 3 year on report have now been sent to Jill Rodgers and thanked those who had contributed to this piece of work. Each submission includes a name of a contact person so Jill may be contacting those who submitted directly. Frances reported Jill was very complimentary regarding the NI submissions. There is a view that late submissions will still be accepted and if there is any other initiative the Collaborative members wish to put forward either for the report or for the database of initiatives to be included in the report Glynis advised these should be sent to Frances who will forward these to Jill.

Round table discussion with 4 CNOs on 23 April 2015

Frances updated the group regarding a round table discussion which the 4 CNOs had requested with the UK StC Steering group. The aim of the round table discussions:

1. To provide information regarding the Sharing Success Conference
2. Ask for the CNOs support in extending the UK StC programme of work across the four countries and plan for Phase 2

Using a workshop at the last StC UK Steering Group meeting key priorities were identified as follows:

- Building Leadership skills
- Building capacity and capability of LD nurses in meeting the needs of children and young people with a learning disability
- Outcomes tools/value of LD/ Nursing Cost Benefit analysis
- Workforce planning and recruitment and retention of LD Nurses post registration
- LD population planning & indentifying the skills LD nurses will need for the next ten to fifteen years

Learning Disability Nursing Research: A position paper

France advised a Research paper prepared by the Academic Network *Learning Disability Nursing Research: A position paper*

	<p>had been circulated from the UK StC Steering Group for comment by the 4 countries</p> <p><u>Action Point:</u> Frances to circulate the Research Paper to Collaborative for comment. Comments to be returned to Owen Barr and Peter Griffin who have been asked by Chair to coordinate a NI response</p> <p>UK StC KPI's</p> <p>The UK StC KPIs had been circulated after the last Collaborative meeting to the Collaborative members; thus far SHSCT and UU have responded and populated the KPI template. NI will need to make a response by the middle of May 2015</p> <p><u>Action Point:</u> Frances to resend the KPI template. Glynis encouraged Collaborative members to send responses to Frances</p>	<p>PG, OB and FC</p> <p>FC</p>
9	<p>Communiqué</p> <p>The last Collaborative communiqué was circulated end March Glynis rehearsed the Collaborative member's responsibilities in ensuring the communiqué is widely disseminated. Glynis advised the EXDoN were now include in the communication group.</p>	
10	<p>Leadership Programme Learning Disabilities Nurses - Update</p> <p>Rita Devlin gave feed back to the Collaborative regarding the leadership programmes delivered by the RCN. Nineteen LD Nursing staff completed the programme. An update report is attached at Appendix 1</p>	
11	<p>Regional Conference for LD nurses</p> <p>Maurice reported that 160 people attended the conference and it was over subscribed</p> <p>The conference was extremely well evaluated</p> <p>The quality of the speakers and the content of the presentations was exceptional and demonstrated the crucial role LD nurses provide in caring for people with learning disabilities</p> <p>It was evident that learning disabilities nurses have a real desire to network and link across NI.</p> <p><u>Action Point:</u> There is a need to think about planning for next year's Conference and make this an annual event and an opportunity for LD Nurses to celebrate their unique role.</p> <p>GH and MD will consider and discuss with Janice Smyth Director of RCN NI</p>	<p>GH and MD</p>

	<p>Learning Disunities Nurse Network</p> <p>NI LD Nurses Network was referenced at the RCN CEC Conference. RCN plan to launch the Network May/June 2015, It will be linked to RCN UK LD Nurses Forum. The network will be chaired by Anne Campbell in first instance. RCN have advised that to participate LD nurses must be an RCN member.</p> <p>A flyer will be sent out to advertise the launch of the network, which will include a light supper. At the launch the purpose of the network will be agreed. It is anticipated it will be an open group. Those interested can join on line, the RCN captured expressions of interest at the conference. RCN are inviting all LD nurses to contact RCN if they are interested in joining the network.</p> <p>Maurice suggested there may be ways around having to be an RCN member to join the network</p> <p><u>Action Point:</u> Frances to liaise with RCN and clarity situation regarding RCN membership and ensure the Collaborative is invited to the launch even to demonstrate their support to the Network</p>	
12	<p>AOB</p> <p>Practice Placements for Pre Registration LD nursing students</p> <p>Peter Griffin raised the issues of the lack ever decreasing number of practice placements available for LD pre registration nursing students. Glynis suggested that the workforce data should be helpful in resolving this issue, as we will be able to identify where LD nurses are employed. There may be a currently unknown resource, which could be tapped into. Given the timeframe for return of workforce scoping tools by organisations it was agreed to discuss this as an agenda item and in more depth when that data is available at a future meeting.</p> <p>Revalidation workshops – Glynis encouraged collaborative members of ensure their staff attend Revalidation events</p> <p>ONE KEY ISSUE: Glynis suggested that dedicated time should be set aside within each Collaborative meeting and dedicated to one key issue related to the NI Action Plan. The agenda of the next meeting to reflect this</p>	FC
13	<p>Date time next meeting</p> <p>1st July 2015 @ 2.00pm Boardroom, Muckamore Hospital</p> <p>Dates for further meetings 6th October 2015 @2.00pm Boardroom, Muckamore Hospital 12th January 2016 @ 2.00pm Boardroom, Muckamore Hospital 5th April 2016 @ 2.00pm Boardroom, Muckamore Hospital</p>	

Leadership Programme Learning Disabilities Nurses

The Aim of the Programme

The aim of the programme is to help participants develop the knowledge and skills necessary to ensure the delivery of safe and effective care in all Learning Disability settings using Practice Development (PD) methodology.

Participants

Participants were to be targeted by professional lead nurses for learning disability within each HSC Trust (2 places per trust at band 7 and above) and one place was offered to Queens University, University of Ulster and the Clinical Education Centre. It was also proposed that 2/3 places are offered to independent sector colleagues in order to encourage the development of leadership potential and regional networking across the sector.

Nineteen Learning Disabilities Nursing staff completed the programme.

Feedback

- All attendees expressed a thirst for more knowledge and a willingness to learn
- A sense of learning disability nursing being a Cinderella service and LD nursing at a crossroads
- A perceived lack of a career pathway
- A perception that LD nursing is being overtaken by the social care model...what can they/ should they do about that
- Some very good staff frustrated at the lack of a "voice"
- Great feedback from participants on CNO and especially Molly Kane's PHA sessions and a real desire to get more involved in influencing and commissioning world
- Frustration from the independent sector at the lack of sharing of good practice across the sectors
- Verbal feedback ...this programme should be rolled out to their colleagues who were "very jealous " of the participants.

Impression

- Some really good staff whose potential needs to be harnessed going forward.

RITA DEVLIN
RCN
7/5/15

