



Department  
of Health

# Strengthening the Commitment: One year on

Progress report on the UK Modernising Learning  
Disabilities Nursing Review

May 2014

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Progress report on the UK Modernising Learning  
Disabilities Nursing Review

Prepared by the Public Health Nursing Division, Department of Health

Modernising Learning Disability Nursing



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## Glossary

Accreditation of Prior Experiential Learning: APEL

Association of Directors of Adult Social Services: ADASS

Association of Independent Healthcare Organisations: AIHO

Care Quality Commission: CQC

Clinical Commissioning Groups: CCGs

Community Learning Disability Teams: CLDTs

Confidential Inquiry into Premature Deaths of People with Learning Disabilities: CIPDPLD

Continual Professional Development CPD

Consultant Learning Disability Nurses Network: CLDNN

Education Outcomes framework: EOF

Electronic Staff Record: ESR

Health Education England: HEE

Higher Education Institution: HEIs

Health Equalities Framework: HEF

Health and Social Care Information Centre: HSCIC

Healthcare assistant: HCA

Healthcare support worker: HCSW

Improving Health and Lives Learning Disability Public Health Observatory: IHaL

Learning and Intellectual Disabilities Nursing Academic Network: LIDNAN

Local Education Training Board: LETB

National Development Team for Inclusion: NDTi

National Institute for Health Research: NIHR

Nursing and Midwifery Council: NMC

Positive Behaviour Support: PBS

Public Health Outcomes Framework: PHOF

Royal College of General Practitioners: RCGP

Royal College of Nurses: RCN

Royal College of Psychiatrists: RCPsych

Skills for Care: SfC

Skills for Health: SfH

UK Learning Disability Consultant Nurse Network: UKLDCNN

## Summary of progress

The reason people become learning disabilities nurses are varied but one thing is universal, they make a vital contribution to the care and welfare of vulnerable people.

Following publication of [Strengthening the Commitment: The Report of the UK Modernising Learning Disabilities Nursing review](#) in April 2012, there has been a greater focus on learning disabilities nursing which has been welcomed. During this time the Four Chief Nursing Officers have supported the work of the UK Implementation Group, as well as their individual country's Implementation Group. This has enabled us to make progress on all seventeen recommendations in England, although some are further ahead than others. For example, the timeframe for learning disabilities nursing research will need to be extended to ensure that practice now, and in the future, is evidence based and the impact of interventions can be clearly demonstrated. It should be noted that all of this has been done against a backdrop of preparation and implementation for a new health and social care system.

Throughout the report we have tried to link the recommendations to key government policy and work being carried out by the Department of Health and other lead organisations. We are particularly pleased that the new organisations have been willing to address some of the recommendations whilst trying to develop and define their own roles. Under each recommendation we have included a positive practice example to highlight development in the particular area. We were fortunate enough to receive a large number of positive examples, but a limitation on space has meant we have had to use them sparingly. However, we would like to take this opportunity to thank everyone for their contributions.

We have also proposed next steps, some of which are already being actioned and others that will need to be planned and consulted on. These will form the basis of our action plan for the next 12 months. The plan will enable us, with your help, to develop and strengthen learning disabilities nursing and to improve aspects of care for people with learning disabilities their families and carers. We are looking to host a stakeholder event in 2014 to consult and review the action plan and gain commitment for its implementation.

The profile of learning disabilities nursing has increased and the work gaining more recognition. We need to build on that momentum to ensure that sufficient staff with the right skills are available to support people with learning disabilities – either in the community, hospitals or NHS funded independent/voluntary sector settings.



## Ministerial Foreword

Like many of you, I want to deliver real change, improve quality of care and ensure better outcomes for people with learning disabilities, their families and carers. As the number of people with learning disabilities living into adulthood increases, so does the need to ensure they receive the best possible healthcare and support. Unfortunately, evidence clearly shows that people with learning disabilities have poorer health than the general population, this shouldn't be the case. It is essential that learning disability nurses not only continue to have a major input into the health of people with learning disabilities, their families and carers, but bring about changes and improvement in the future.

Strengthening the Commitment the report of the UK Modernising Learning Disability Nursing Review (2012) highlighted the need to strengthen the capacity, capability, quality and leadership of the learning disabilities nursing profession. This report sets out the progress made in England during the past year, and fulfils the commitment we made in Transforming Care: A national response to Winterbourne View Hospital. I am delighted that the four countries have been able to work together to implement many of the recommendations.

This report summarises how the recommendations have been translated into good practice examples. Learning disabilities nurses have adapted their practice to reflect changes in the way services are provided, and have been instigators of that change on behalf of people with learning disabilities. The work to develop the future generation of learning disability nurses is particularly impressive. The number of learning disability nurses has been decreasing in the NHS over the past ten years and it is important that learning disabilities nursing are presented as a positive and rewarding career choice. I want recruits to have the education, training and support they need so they can go on to deliver only the very best of care with compassion, competence and clinical skill. They need the knowledge and skills to deal with the complex and challenging dilemmas they will often face.

Last year saw the publication of the Confidential Inquiry into the premature deaths of people with learning disabilities. The Confidential Inquiry's findings show that people with learning disabilities continue to have poor patient experience and health outcomes compared to people without learning disabilities. The Department of Health is committed to and supported work to address these inequalities, and I am impressed with the Health Equalities Framework (HEF) which has been developed by a team of UK learning disability consultant nurses.

The progress and actions highlighted in this report owe much to the commitment and drive of the Strengthening the Commitment, England implementation group during a time of significant changes to the health and care system introduced by the Health and Social Care Act 2012. Many of the recommendations have longer term requirements and responsibility for taking forward these will fall primarily to NHS England and other delivery partners, both nationally and locally. I would like to thank the members of the implementation group and the many stakeholders who have participated in taking this work forward, all of whom gave so generously of their time, expertise and experience. We must build on the progress made and reinforce the valuable contribution of learning disability nurses in delivering high quality compassionate and intelligent care, now and in the future for people with learning disabilities and their carers.

A handwritten signature in black ink, appearing to read 'Norman Lamb', written over a thin horizontal line.

**Norman Lamb, Minister of State for Care and Support**

## Introduction

In Strengthening The Commitment - The Report of the UK Modernising Learning Disabilities Nursing Review we said we ‘want to ensure that people with learning disabilities of all ages, today and tomorrow, will have access to the expert learning disabilities nursing they need, want and deserve. That requires a renewed focus on learning disabilities nursing and may require service and strategic investment in building and developing the workforce’.

In order to achieve this, the review made seventeen recommendations under four headings:

- strengthening capacity;
- strengthening capability;
- strengthening quality; and
- strengthening the profession.

A UK Implementation Group was set up to support the groups that were established at country level to oversee the development of action plans and onward progression. The UK Implementation Group meet regularly to monitor progress in each country and to provide support.

This report, compiled on behalf of the Strengthening the Commitment England Implementation Group, sets out what we have achieved to date.

### ***Members of the UK Implementation Group***





# Chapter 1 Strengthening capacity

## Recommendation 1 – Location and employment

**The four UK health departments and the independent/voluntary sector should establish a national collaborative to enable better understanding of, and planning for, a high-quality and sustainable registered learning disabilities nursing workforce across all sectors.**

### Progress

Working with key partners, the four UK health departments have held three engagement conferences with the independent/voluntary sector. The aim was to establish better understanding of, and planning for, a high-quality and sustainable registered learning disabilities nursing workforce across all sectors.

The four UK health departments and representatives of the independent sector formed an Independent Sector Collaborative to take the work forward. The Collaborative agreed key aims that they will deliver within the next 12-18 months:

- *Strengthening the connection* - strengthening links between HEIs and independent and voluntary sector providers. Improve outcomes in relation to workforce planning, selection of students, clinical placements, learning and teaching, and lecturers keeping up to date with practice issues. The Collaborative is developing guidance concerning good links between HEIs and independent and voluntary sector providers.
- *Learning disability nursing: driving up quality* - all organisations in the Collaborative will identify good practice examples to demonstrate the role and added value of learning disability nurses working in independent and voluntary sector services.

The group will report and provide a final report to include suggestions for further activity to support the modernisation of learning disability nursing.

### Positive practice

As part of its commitment to ensuring high quality care and support, **Danshell Group**, has employed 6 (4 wte) consultant nurses. The consultant nurses work as part of a regional leadership team and work closely with colleagues in operational roles to provide expert nursing advice. They are central to professional and organisational development of the nursing workforce and, in addition to clinical work, they are involved in a range of activities including teaching, supervision, research and clinical governance. Current and planned activities include the training the nursing workforce in the use of outcome measures, including the HEF and LifeStar Tools and delivering a leadership and development course for registered nurses.

**For further information: Debra Moore - [debra.moore@danshell.co.uk](mailto:debra.moore@danshell.co.uk)**

### Next steps

- DH will continue to liaise with HEE's 13 LETBs to ensure they work with the independent sector when developing their workforce plans.
- The Collaborative will complete, implement and evaluate guidance on improving links with HEIs and voluntary sector providers.

## **Recommendation 2 – Strategic workforce planning and development**

**Systems to collect workforce data are required in each country with links across the UK for workforce planning for future provision of learning disabilities nursing. These should be able to capture information on service provision educational and research requirements and should cover the independent/voluntary sector.**

### **Progress**

The HSCIC collects, analyses and presents data related to the national health and social care sector. Workforce data is collected via ESR. No information is currently collected on staff numbers in the independent/voluntary sector, but the AIHO is actively encouraging members to engage with LETBs. AIHO is also represented on the Skills for Health Board to ensure government policy reflects employers' needs.

Information on service provision is collected by CQC, which ensures that care provided to people with learning disabilities meets government standards of quality and safety. It also protects the interests of vulnerable people, including those whose rights are restricted under the Mental Health Act.

HEE is responsible for leading and co-ordinating the investment in the development of the health and public health workforce across the country. It plays a key role in workforce planning and works through the 13 LETBs to ensure the right numbers of staff with the right skills, values and behaviours are recruited. Working together they plan and commission education and training for nurses in each local area, and monitor provision to ensure the required outcomes are met. In December 2013, HEE published its first [Workforce plan](#) which set out the Proposed Education and Training Commissions for 2014/15. The number of learning disabilities nursing places commissioned has increased by 4.5%.

### **Positive practice**

The Midland and East Regional team at NHS England are leading the national workstream '*ensuring we have the right staff, with the right skills in the right place*' (Compassion in Practice - action area 5). As there is limited evidence on what constitutes safe staffing in learning disability settings, work is on-going to review what evidence currently exists; test, if applicable, any learning disability safe staffing tools with a view to making them more widely known; and in the absence of a tool, to consider the development of a product. The work is being led by a member of the Mental Health and Learning Disability Nurse Directors Forum.

*For further information: Dr Oliver Shanley - [oliver.shanley@hpft.nhs.uk](mailto:oliver.shanley@hpft.nhs.uk)*

### **Next steps**

- The results of the National Implementation Group's survey of all NHS Trusts Directors of Nursing in England will be used to support the on-going work of the Group and future workforce planning at a national level to strengthen commitment to learning disability nursing.

### Recommendation 3 – New ways of working and new roles

The development of new, specialist and advanced role opportunities should be considered in light of workforce planning, service development and education provision. In particular, this should focus on the roles of non-medical prescribing, psychological therapies and tele-health and in specific settings such as the criminal justice system, mental health services (particularly dementia) and autism services.

#### Progress

An 'adaptable and flexible workforce' is one of the domains in the DH's [Education Outcomes Framework](#) (EOF), published in March 2013. This means a workforce that is:

- educated to be responsive to changing service models
- responsive to innovation and new technologies with knowledge of best practice, research and innovation
- active in promoting adoption and dissemination of better quality service delivery to reduce variability and poor practice.

Outcomes measures for the domain include:

- organisations must improve services and modify their delivery to meet new demands
- staff respond to the opportunities to develop their understanding, knowledge, skills and their contribution.

A number of specialist and advanced roles have developed in response to the changing needs of people with learning disabilities. The well-established UKLDCNN, with over 40 members, meets regularly and there is a similar network for acute liaison nurses. Both networks are supported by the DH and the RCN.

In response to the Prime Minister's challenge on dementia care, DH is working with key stakeholders to focus on the roles of nurses in dementia care. We have developed [a nursing vision and strategy for dementia](#) which maximises the nursing contribution to high quality compassionate care and support for people with dementia, their carers and families. DH has also developed [a three tiered model for dementia nursing for all nurses](#) including learning disabilities nursing.

#### Positive practice

**Dorothy Matthews** is a Macmillan nurse for people with learning disability. Dorothy cares for people with learning disabilities, many of whom also have dementia. She has led a number of initiatives for improving care for people with dementia including the North East Downs Syndrome dementia pathway, a palliative care resource pack for people with learning disabilities, a learning disabilities clinic in St. Oswald's Hospice, the Disability Distress Assessment Tool (DisDAT), the Deciding Right initiative in the north east and parts of the north west ([www.cnne.org.uk](http://www.cnne.org.uk)). This initiative is being presented at the Confidential Inquiry into premature deaths of people with learning disabilities (CIPOLD) conference in March.

**For further information: Dorothy Matthews - [Dorothy.Matthews@ntw.nhs.uk](mailto:Dorothy.Matthews@ntw.nhs.uk)**

### **Next steps**

- The UKLDCNN will undertake a scoping exercise to establish the numbers and specialisms of nurse consultant clinical specialists.
- The results will identify where there are service deficiencies so those areas can be prioritised for future development.

## Recommendation 4 – Career choices

**Each of the four countries should consider aligning their existing post-registration career frameworks for learning disabilities nursing to clearly articulate the knowledge and skills required by learning disabilities nurses at all levels and across all settings. These developments could be utilised across sectors (with appropriate adaptation) to give a coherent career framework.**

### Progress

The UK LIDNAN has developed a workplan consisting of nine key areas of activity, including post-registration development. Colleagues in Scotland have produced the [Career and Development Framework for Learning Disability Nursing in Scotland](#) (NES, 2013) to outline the developmental needs of the registered learning disability nursing workforce, reflecting the key priorities for workforce development set out in *Strengthening the Commitment*.

The framework will inform future developments in post-registration graduate learning disability nursing education, research and scholarly activity. It consists of templates that map progress through levels 5–8 of the Career Framework for Health. Examples of the sphere of responsibility/role associated with a particular level, key knowledge and skills, appropriate educational and development preparation, and suggested mapping to the NHS Knowledge and Skills Framework are provided.

In England, LIDNAN is leading on developing and implementing a similar framework. Activities undertaken include:

- Mapping current learning disabilities pre-registration provision across UK, and against workforce need, including independent sector and social care
- Identifying HEIs offering nursing programmes where there is no pre-registration learning disabilities programme, and identifying the input learning disabilities lecturers have into other fields of nursing
- Identifying current gaps in provision through discussion with education establishments, commissioners, Council of Deans and the Centre for Workforce Intelligence
- Surveying CPD across HEIs, identifying specific and applied opportunities/examples in practice of how CPD is developed
- Building a LIDNAN database and website to cross match systems

### Positive practice

The University of Greenwich now run learning disabilities/Intellectual Disabilities Continuing Professional Development courses for Health and Social Care Practitioners. The courses are open to staff working within health, social care, education or the criminal justice service.

For further information: Avril Hocking - a.hocking@greenwich.ac.uk

### Next steps

- LIDNAN will scope both specific and generic CPD opportunities relevant to learning disability nursing.
- A collaborative approach to CPD across a range of HEIs using APEL and with funding following the students will be proposed to educational commissioners. This will be linked to potential career pathways, CPD, leadership development and organisational support mechanisms.

# Chapter 2 Strengthening capability

## Recommendation 5 – Maximising the contribution of learning disabilities nursing

**Commissioners and service planners should have a clear vision for how they ensure the knowledge and skills of learning disabilities nurses are provided to the right people, in the right places, and at the right time in a way that reflects the values and rights based focus of learning disabilities nurses' work.**

### Progress

There has been an increase in the number of people with learning disabilities in recent years, but the size of the learning disability nursing workforce has decreased. Nurses are central to the care of people with learning disabilities and are valued highly by them, their families and carers. The values underpinning learning disability nursing have led to co-produced care, tailored to the individual, with family, carer and with multi-agency input. HEE recognises the importance of investing in this specialised area of care, to ensure these skills are valued and nurtured in the future.

The evidence base in relation to workforce planning and safe and effective staffing within learning disability settings is less established than for acute care settings and work is under way through *Compassion in Practice Action Area 5* to identify workforce planning tools for learning disability settings, to pilot these or develop new tools.

HEE and LETBs, working with a range of stakeholders, are responsible for delivering the EOF outlined in *Liberating the NHS: Developing the healthcare workforce: from design to delivery*.

Learning disability nursing is incorporated into HEE's Primary and Community Nursing Strategy Programme: Workforce Project, a major piece of work that is currently under development.

### Positive practice

Rotherham Doncaster and South Humber Foundation Trust has appointed a specialist learning disability primary liaison nurse to improve the general health of people with learning disabilities in Doncaster. The role provides support and advice, and improved access to primary care services for routine GP appointments, general health screening and annual health checks. The nurse also works with dental and optical services to provide accessible and easy to read information about eye checks, eye care and dental care.

For further information: Jayne Thompson - [jayne.thompson@rdash.nhs.uk](mailto:jayne.thompson@rdash.nhs.uk)

### Next steps

- NHS England has committed to review and refresh the Compassion in Practice Action Area 5 plan on a quarterly basis, update the timescales and report on what has been achieved.
- HEE will use the ongoing findings and learning from the plans to shape their response to the joint commitment to ensure effective care delivery.

## **Recommendation 6 – Working with people of all ages**

**Commissioners and providers of health and social care should ensure the skills knowledge and expertise of learning disabilities nurses are available across the lifespan. This should be enabled through effective collaborative working across health and social care structures.**

### **Progress**

We know that the number of people in England who have health problems requiring both health and social care is increasing. We also know that to improve their health and wellbeing, and to reduce the risk of harm, services need to work together and become more integrated.

The government is taking action to:

- Help local councils and healthcare organisations provide integrated care by increasing support to join up NHS and social care services through the Better Care Fund
- Allow people to choose what services are right for them by giving them control over their own budget for health and social care
- Remove barriers to integrated care, including agreeing and publishing a definition of integrated care and inviting and supporting local areas to act as pioneers and exemplars
- Co-ordinate people's care so that everyone with a care plan can be allocated a named professional who oversees their case and answer their questions; and
- Improve support for people moving from one service to another.

To support this, an [evidence based guide for Clinical Commissioning Groups](#) has been produced by the RCGP, RCPsych and IHaL which can be found on the Improving Health and Lives website <http://www.improvinghealthandlives.org.uk/>. It is designed for CCGs, with Local Authorities and Learning Disability Partnership Boards to commission health services that achieve better health outcomes for people with learning disabilities.

The Carers Trust has also produced guidance - [Commissioning for Carers: Key Principles for Clinical Commissioning Groups](#) - to help commissioners meet their required outcomes supporting carers' wellbeing whilst reducing overall spending.

### **Positive practice**

NHS Nene CCG is committed to championing the needs of patients with learning disabilities ensuring equity of access and care standards within all healthcare services. They maintain their focus on people with learning disabilities and complex needs to ensure that wherever possible people are supported in community settings. Where specialist inpatient care is required, they will ensure that people remain in hospital no longer than necessary, and will increase personalisation within learning disability services offering personal health budgets to maximise choice and control for patients. They will also strive to ensure that all services that are commissioned for people with learning disabilities are safe and maximise dignity and respect for the individual.

For further information: NENE CCG - <http://www.neneccg.nhs.uk/plans/>

## Next steps

- SfC have identified that there are 50,000 registered nurses working in social care settings. Many of these are working with people with learning disabilities but we do not know the exact numbers.
- SfC will analyse the data of those 50,000 to determine how many are working with people with learning disabilities to assist HEE and LETBs workforce planning.



## Recommendation 7 – Addressing health needs

**Commissioners and providers of health and social care should ensure that learning disabilities nurses are able to collaborate effectively with general health services, including mental health services, to address the barriers that exist for people with learning disabilities to improve their health. This should include proactive health improvement, prevention, whole family and public health approaches.**

### Progress

Maximising the impact of learning disabilities nursing on improving and protecting the health of people with learning disabilities is a key action area in the national nursing, midwifery and care strategy [Compassion in Practice: Nursing, Midwifery and Care Staff Our Vision and Strategy](#), launched in December 2012. An engagement exercise on '*how can nurses and midwives improve the health and wellbeing of people with learning disabilities*' was launched in June 2013 at Public Health England's first Public Health Nursing Conference: *Improving the public's health: the key roles of nurses and midwives*.

Most people with learning disabilities live in the community and specialist health interventions are often provided by community learning disability teams. The Public Health Outcomes Framework (PHOF): [Healthy lives, healthy people: Improving outcomes and supporting transparency](#) sets the context for the system, from local to national levels. The framework sets out the broad range of opportunities to improve and protect health across the life course and to reduce inequalities in health that still persist.

The [Six Lives: Progress Report on Healthcare for people with Learning Disabilities](#) (DH, 2013) acknowledges that liaison nurses and health facilitators make a significant difference to how health services work for people with learning disabilities.

### Positive practice

Cornwall does not have any specialist learning disability in-patient beds. They have a robust intensive support team who provide community based support as well as using mainstream mental health beds as required. They employ a mental health liaison nurse to assist with facilitation between learning disabilities and mental health services as well as providing specialist support and advice when people are admitted to mental health wards.

For further information: Sharon Axby - [Sharon.Axby@cft.cornwall.nhs.uk](mailto:Sharon.Axby@cft.cornwall.nhs.uk)

### Next steps

- With NHS England, CQC and the Royal Colleges, DH will undertake a review of the role of CLDTs, looking at the balance between supporting people to access mainstream services, training and education of mainstream services, and providing specialist health and social care services.

## Recommendation 8 – Providing specialist services

**Commissioners and service providers should ensure that specialist learning disabilities services for complex and intensive needs (including assessment and treatment services across all sectors) employ sufficient numbers of appropriately prepared and supported registered learning disabilities nurses. This highlights the need to support and develop the availability of specialist and advanced clinical skills and knowledge of learning disabilities nurses in all settings.**

### Progress

Following the Winterbourne View Report recommendations, NHS England identified the number of people with learning disabilities in NHS funded specialised services. In addition DH commissioned an audit of current services in the statutory, voluntary and private sectors for people with challenging behaviour to establish provision, numbers of out of area placements, and length of stay.

NHS England is responsible for specialist commissioning and for assuring the commissioning undertaken by CCGs. ADASS has been working with NHS England and others on commissioning standards to help drive quality up consistently for the range of local health, housing and care support services to meet the needs of people with challenging behaviour. In order to do this they need to identify all people in secure services, and those in the care of child and adolescent services. In future more robust data collection and information about people with complex needs/challenging behaviour will assist in workforce planning for nurses with specialist and advanced skills, and help to ensure they are responsive to peoples' needs.

The [good practice guidance for CCGs](#) highlighted in recommendation 6 will assist the commissioning of high quality, cost effective general and specialist services for people with learning disabilities including jointly commissioning services for people who challenge services and those with complex needs. Some areas have developed specialist teams to support people with complex needs close to home. Examples from stakeholders and people who use services can be found in the [Winterbourne View Review Good Practice Examples](#).

### Positive practice

In South Staffordshire and Shropshire Foundation Trust, a Community Learning Disability Nurse and an Occupational Therapist developed a tool to use with a cognitive stimulation group. This was to help with the assessment pre-diagnosis and to monitor subsequent needs. The group engaged in many activities, and physical health monitoring was completed at the same time. Carers were welcomed into the group to share ways of working to maintain stimulation.

For further information: Sandra Brickley - [Sandra.Brickley@sssft.nhs.uk](mailto:Sandra.Brickley@sssft.nhs.uk)

### Next steps

- Following the consultation by the RCN, DH will publish new guidance in Spring 2014 to ensure learning disabilities nurses have the specialist and advanced knowledge and skills in PBS. The guidance will be part of a two-year programme *Positive and Safe*, aimed at minimising restrictive practices across health and adult social care, and includes a workstream to develop national training in PBS.
- SfC and SfH will continue to develop a framework for commissioning training and other workforce development activities in PBS including physical interventions.

## Chapter 3 Strengthening Quality

### Recommendation 9 – Demonstrating quality outcomes

**Learning disabilities nurses, their managers and leaders should develop and apply outcomes focused measurement frameworks to evidence their contribution to improving person centred health outcomes and demonstrating value for money. This may require a specific piece of work to scope current frameworks.**

#### Progress

Members of UKLDCNN have developed an outcome measure for learning disability nursing practice – the HEF. The framework can be used by nurses working with individuals, whilst the data produced can be aggregated across teams, localities, counties, regions and beyond. The framework itself, along with an electronic data capture tool and various supporting documents for individuals, families and commissioners, is available from the National Development Team for Inclusion (NDTi) website - <http://www.ndti.org.uk>.

There has been widespread interest in the work, particularly in relation to how its use could reduce the number of premature deaths of people with learning disabilities (as highlighted in the Confidential Inquiry into premature deaths of people with learning disabilities), and whether it should be used to collect data for the Learning Disabilities National Minimum Data Sets.

At a HEF conference in December 2013, the project team demonstrated the tool and nurses who have used it showed real enthusiasm, preferring it to other outcome measures. Delegates contributed ideas, including using the HEF to support public health leads and health and wellbeing boards.

#### Positive practice

Gloucestershire nurses were involved in the early piloting of the HEF, trialling and implementing it to identify early teething problems and contribute to the development of the electronic version. The 2gether Trust in Gloucestershire is now in the process of collecting follow-up results for this year's cohort of individuals with a HEF score which will begin to provide a detailed picture of the issues that lead to health inequalities for people with learning disabilities and the progress that is being made in reducing their impact, leading to healthier lives, better access to services, earlier recognition of problems and less reliance on specialist services.

For further information: Crispin Hebron - [Crispin.Hebron@glos.nhs.uk](mailto:Crispin.Hebron@glos.nhs.uk)

#### Next steps

- The DH team will work with a range of leading learning disability academics to evaluate the HEF.
- In conjunction with the NDTi, consultant nurses will develop an eLearning resource.
- Planned events will bring together HEF users to share experiences of the HEF in practice. The HEF may be adapted for use with children and young people.

## **Recommendation 10 – Quality improvement**

**Learning disabilities nurses should strengthen their involvement and links to transformational work productivity improvement and practice development.**

### **Progress**

The government is clear that [treating patients and service users with respect, dignity and compassion](#) means putting people first in decisions about their care, and making changes and improvement where necessary. This includes:

- introducing personal health budgets
- helping staff to be more compassionate by offering the right leadership, education, training and support
- keeping patients and service users safe by learning from mistakes in health and social care and working to prevent them happening again
- transforming care, improving productivity and developing practice so that people are always treated with respect, dignity and compassion.

A good practice collection form has been developed so nurses can identify good practice that meets certain indicators, which can then be posted on the [Strengthening the Commitment Facebook](#) for dissemination and replication. The good practice collection form is also available in an Easy Read version so people with learning disabilities and their carers can submit examples.

[Compassion in Practice: Nursing, Midwifery and Care Staff Our Vision and Strategy](#) identifies delivering high quality care, and measuring the impact, as a key action area for achieving real improvements for people in our care. It calls for nurses to support the measurement of the care they provide in order to learn, improve and highlight the positive impact nurses have on people with learning disabilities. Measurement should be transparent and should focus on the experience of the person using the service, as well as the outcomes of care. Learning disabilities nurses helped to create a vision and strategy document that demonstrates how they contribute to the compassion in Practice 6Cs, and improve the quality of services and outcomes for people with learning disabilities.

### **Positive practice**

Mersey Care NHS Foundation Trust is undertaking Quality Improvement work around the national context of reducing incidents of physical restraint in mental health, learning disability and secure services in-patient settings. This year it will host a conference in relation to 'No Force First', which will highlight the challenges and successes that have been experienced.

For further information: Jenny Robb - [jenny.rob主@merseycare.nhs.uk](mailto:jenny.rob主@merseycare.nhs.uk)

### **Next steps**

- DH will work with Public Health England to improve the uptake of cancer screening by people with learning disabilities, ensuring that they have equal access to all cancer screening programmes.
- Develop a collection of good practice examples of the role of learning disability nurses in increasing uptake and evaluation of the effectiveness of screening programmes in reducing premature mortality.

## **Recommendation 11 – Preparing and developing learning disabilities nurses**

**Those who commission, develop or deliver education should ensure that all learning disabilities nursing education programmes reflect the key values, content and approaches recommended in this report. They should also ensure that nurses in other fields of practice develop the core knowledge and skills necessary to work safely and appropriately with people with learning disabilities who are using general health services.**

### **Progress**

HEIs who wish to offer pre-registration learning disability programmes must be approved by the NMC. The standard for pre-registration nursing education (2010) reflect ways of structuring and delivering programmes, and changes how practice learning should be undertaken. They provide opportunities for introducing innovative ways of delivering programmes, while protecting the public and those who use nursing services.

The NMC has also provided [advice and supporting information for implementing the standards for pre-registration nursing education](#) which sets out specific outcomes for students wishing to work in learning disabilities. Universities are required to work in partnership with practice learning providers to make sure that theory and practice are effectively integrated, and that there are sufficient opportunities for practice learning, including those outside of traditional environments. The NMC is a member of the Implementation Group.

### **Positive practice**

At the University of Huddersfield the first intake of students using the new standards took place in September 2012. As a part of the process of implementation the university introduced a greater degree of interdisciplinary working. This led to teaching staff working with each other more frequently, and has the potential to increase awareness of the needs of people with learning disabilities and learning disability nursing. All the pre-registration courses on offer are now at degree level and the learning disability cohort is not the smallest group. The comparative cohort size and increased entry criteria (due to being a degree) has the capacity for a greater sense of equality with other professions.

For further information: Kath Padgett - k.padgett@hud.ac.uk

### **Next steps**

- The UK LIDNAN will scope the provision of learning disability input into all other fields of practice to ensure nurses develop the core knowledge and skills necessary to work safely and appropriately with people with learning disabilities using general health services.
- They will compile examples of best practice, and develop a repository of resources to support the delivery of learning disabilities competences across programmes which will be accessible to all health and higher education institutes.

## **Recommendation 12 – Maximising recruitment and retention**

**Updated strategic plans for pre- and post-registration learning disabilities nursing programmes are necessary for each country of the UK to support flexibility and ensure an efficient and sustainable model of delivery for the long term. This highlights the need for appropriate numbers of places on pre-registration learning disabilities nursing programmes to meet future workforce requirements.**

### **Progress**

National leadership and strategic direction for education, training and workforce development is overseen by HEE. Working with HEIs, HEE will review the content of pre-registration nurse education, as set out in Delivering high quality, effective, compassionate care: [Developing the right people with the right skills and the right values: A mandate from the Government to Health Education England - April 2013 to March 2015](#), to ensure that all new nurses have the skills to work with the range of people being treated in the healthcare system. HEE does this through the LETBs, who work with the 28 HEIs in England approved by the NMC to offer learning disabilities nursing courses (see Annex A).

In December 2013 HEE published its first [Workforce Plan for England](#), bringing together thirteen local plans into one, and setting out the investments it will make. HEE subsequently increased the number of learning disabilities nurse education and training places by 4.5% for 2014/15.

The Independent Sector Collaborative will work to strengthen the connections between universities and independent and voluntary sector providers. As key partners in LETBs, HEIs will be able to ensure the views of independent and voluntary sector providers are represented.

### **Positive practice**

In August 2013, during a meeting of key stakeholders from across intellectual disability services in Kent, Surrey and Sussex (KSS), four questions were discussed. In summary, these were: how do you currently plan the workforce, what current skills gaps are known, are there future needs that may differ from current needs, if you could design a workforce what skills, characteristics, and knowledge would they need? Findings were reviewed by a smaller group before being shared and discussed with the four HEIs based in KSS. Conclusions and recommendations are to be presented to HEKSS in late March 2014, and will be used to guide future learning disability nurse recruitment, pre-graduate course content and type, career progression, and future workforce CPD accessible for all workforces who provide NHS funded care.

For further information: George Matuska - [george.matuska@huntercombe.com](mailto:george.matuska@huntercombe.com)

### **Next steps**

- Continuously collect, analyse and update data collected on the number of:
  - student nurses commissioned for each HEI who provide learning disabilities nursing training
  - students recruited, starts, those remaining after one year, those completing the programme and first post destination data.



### **Recommendation 13 – Developing workforce knowledge and skills for the future**

**Education providers and services must work in partnership to ensure that educational and developmental opportunities for non-registered staff are developed and strengthened and their benefits are evidenced through appraisal systems, and that educational and development opportunities are available for registered learning disabilities nurses to support their on-going development, reflecting the needs of people with learning disabilities.**

#### **Progress**

In February 2013, the Cavendish Review examined how the training and support of healthcare and care assistants could be strengthened so they give better care to patients. The [Report](#) recommended the development of a Certificate of Fundamental Care and work with sector skills councils to develop quality assurance proposals for the training of healthcare support workers (HCSWs): defined as healthcare assistants (HCAs) in the NHS and support workers in social care. The government asked HEE to lead work with the Skills Councils, other delivery partners and health and care providers to develop the Care Certificate.

There are no immediate plans to regulate healthcare assistants. However, the DH commissioned SfC and SfH to develop a [Code of conduct](#) and [national minimum training standards](#) for healthcare support workers and adult social care workers in England. Published in 2013, these form the basis of the CQC's assessment of training standards for all staff. The National Minimum Training Standards define the minimum knowledge workers must have, irrespective of individual job role.

#### **Positive practice**

The Queen's Nurse Institute (QNI) is dedicated to improving the nursing care of people in their own homes and has launched on-line training modules for staff to help them develop the knowledge and skills to provide safe basic care to people in their own homes –Transition to Community Nursing Practice. These modules are designed to help staff understand the differences in delivering care in the home rather than the hospital setting, and to explore some of the clinical knowledge and skills required for community nursing. This resource was written for and primarily aimed at registered nurses; however it will be useful for nursing assistants/health care assistants who are working in the community settings.

For further information: Queens Nursing Institute -  
[http://www.qni.org.uk/for\\_nurses/transition\\_to\\_community](http://www.qni.org.uk/for_nurses/transition_to_community)

#### **Next steps**

- DH is working with SfC and SfH to develop a new training programme in PBS and minimisation of restrictive practices for non-registered staff working in health and social care settings.
- This programme will be matched against national occupational standards, the NHS knowledge and skills framework and comply with national minimum standards.

## **Recommendation 14 – Accessing supervision**

**Services should provide systems to ensure that learning disabilities nurses have access to regular and effective clinical supervision and that its impact is monitored and evaluated on a regular basis.**

### **Progress**

The NMC has identified six key principles in relation to clinical supervision for nurses and health visitors:

- clinical supervision supports practice, enabling practitioners to maintain and promote standards of care
- practice-focused professional relationship involving a practitioner reflecting on practice guided by a skilled supervisor
- clinical supervision should be developed by practitioners and managers according to local circumstances. Ground rules should be agreed so that practitioners and supervisors approach clinical supervision openly, confidently and are aware of what is involved
- every practitioner should have access to clinical supervision. Each supervisor should supervise a realistic number of practitioners
- preparation for supervisors can be effected using 'in house' or external education programmes. The principles and relevance of clinical supervision should be included in pre- and post-registration education programmes.
- evaluation is needed to assess how it influences care, practice standards and the service. Evaluation systems should be determined locally.

### **Positive practice**

Haringey's Learning Disability Team includes an Assessment and Intervention Team (AIT). This team works with the most complex cases in terms of behaviour or mental health, as well as people who are in frequent contact with the criminal justice system. AIT is made up of 3 senior nurses and 2 assistant psychologists. As well as individual clinical supervision, each person has regular multi-disciplinary supervisions from the Consultant Psychiatrists and a Consultant Psychologist around each individual case.

For further information: Sarah Ames - [Sarah.Ames@haringey.gov.uk](mailto:Sarah.Ames@haringey.gov.uk)

### **Next steps**

- In the *Strengthening the Commitment* survey organisations provided information about the access learning disabilities nurses had to regular and effective clinical supervision. This information will be analysed and fed back to Directors of Nursing, with a demonstration of improvements in care resulting from effective supervision highlighted with good practice examples.



## Chapter 4 Strengthening the profession

### Recommendation 15 – Leadership and management

**Leadership in learning disabilities nursing needs to be strengthened in practice, education and research settings with robust, visible leadership at all levels, including strategic and national levels. Services must ensure all learning disabilities nurses in clinical practice have access to a dedicated professional lead for learning disabilities nursing. In addition to existing leadership and development programmes, a UK-wide cross-sector project to nurture and develop aspiring leaders in learning disabilities nursing will be led by the four UK health departments.**

#### Progress

The NHS Leadership Academy offers a number of programmes for current and aspiring leaders.

- The **Edward Jenner** programme for staff to feel more able to lead services and provide leadership for others
- The **Mary Seacole** programme for those in their first recognised leadership role
- The **Elizabeth Garrett Anderson** programme for mid-level leaders, determined to challenge the status quo and have wider impact by leading a culture of compassion at a senior level
- The **Nye Bevan** programme for senior leaders to move into an Executive leadership role and drive change through the highest levels of the system.

In July 2013 the *Strengthening the Commitment* UK Implementation Group hosted a leadership programme for 3<sup>rd</sup> year students about to start their nursing careers. The two-day workshop focused on the development of practice, research and writing for publication, with the opportunity to discuss issues in small groups with leadership coaches. There was also the opportunity to network with colleagues and to extend personal networks within learning disability nursing. The evaluation of the workshop highlighted the value participants found in developing their personal leadership abilities and their confidence to use these abilities to effect change within practice. This was noted both at the end of the workshop and four months after the event when a number of participants had made the transition to qualified nurse.

#### Positive practice

NHS England (London Region) introduced further leadership courses, network support training, lead network training and learning disability lead/buddy support following a survey of learning disability nurse leads. The programme was tailored specifically for NHS and independent sector employed learning disability nurses at Band 7 equivalent or above, with leadership roles and responsibilities within their organisations. Early feedback has been positive with attendees valuing that they were able to attend a bespoke learning disability nursing focused programme rather than a standard leadership course. All reported an improved understanding of quality assurance process, the learning disability nursing 6Cs, how to implement the HEF in their workplace and networking opportunities.

For further information: Stephan Brusch - [stephan.brusch@nhs.net](mailto:stephan.brusch@nhs.net)

## Next steps

- Develop a UK-wide mid-career leadership programme specifically for learning disabilities nursing.
- Explore the possibility of creating a virtual leadership programme for all learning disability nurses, including those being led and managed by social care departments and to encourage and monitor uptake of the course offered by the NHS Leadership Academy.

## **Recommendation 16 – Promoting the profession**

**Learning disabilities nurses need mechanisms to share best practice and develop the evidence base to continue to advance as a profession. Services must support learning disabilities nurses to participate in appropriate networks. A UK academic network for learning disabilities nursing will be created to support this drive.**

### **Progress**

The UK LIDNAN has been created and currently has 390 members. Its aims are to:

- represent and promote learning disability nursing education, research and practice development, including actively participating in key national and international committees and working groups
- influence and respond to the UK learning disability nursing agenda through well informed debate, discussion and the dissemination of material that reflects our views on a range of issues
- act as a source of consultation and advice to learning disability nurses and others on learning disability nursing education and research
- share good practice and innovations in the development and conduct of learning disability nursing education and research.

UK LIDNAN has created a Community of Practice website to share good practice, which is available at <http://www.knowledge.scot.nhs.uk/ukldan.aspx>.

### **Positive practice**

Positive Choices is the only national conference designed to enable student nurses to celebrate the contribution they make to the lives of people with a learning disability. It relies on the goodwill of five universities, speakers who give their time and talents freely, and organisations, including the Department of Health, learningdisabilitynursing.com, RCN Learning Disability Practice, who sponsor the event each year. In 2013 students were encouraged to attend leadership courses. Those who took advantage of these courses gained vital leadership skills and huge self-belief. As a result, all were able to secure a job before leaving university in the summer.

For further information: Helen Laverty - [Helen.Laverty@nottingham.ac.uk](mailto:Helen.Laverty@nottingham.ac.uk)

### **Next steps**

- A Learning Disability ActionAware conference (@LDActionAware #LDAA2014) will be held in Bradford in May 2014, organised by a group of adult student nurses to raise awareness amongst their peers about people with learning disabilities.
- The organising group will use the event to encourage learning disabilities students to link up with wider initiatives such as the Chief Nursing Officer's Caremakers.

## Recommendation 17 – Research and evidence

**Learning disabilities nursing research should be extended to ensure practice now and in the future is evidence based and the impact of interventions can be demonstrated. Services and education providers must ensure that all existing and future schemes for clinical–academic careers have appropriate representation of learning disabilities nursing.**

### Progress

The DH strategy *Developing the Role of the Clinical Academic Researcher in the Nursing, Midwifery and Health Professions* (2012) aims to:

- nurture a high-quality clinical academic workforce
- provide a robust foundation for embedding roles at the point of care
- support evidence into practice
- promote best practice.

The five-point action plan includes securing and sustaining a national competitive clinical academic training pathway delivered by the NIHR.

*Nurse and Midwife Research Clinical Academic: Development, progress and challenges* (2013) also highlighted the role and contribution of clinical academics and identified training currently available and what needs to be built on to ensure that nurses can contribute to improving patient care through research and innovation.

NIHR research training pathways open to learning disability nurses are:

- *NIHR/HEE Clinical Academic Training Programme for nurses, midwives and allied health professionals* - offers salary, research and training/development costs of the trainee for Masters in Clinical Research, Clinical Doctoral Research Fellowship, Clinical Lectureship and Senior Clinical Lectureship ([www.nihrtcc.nhs.uk/cat/](http://www.nihrtcc.nhs.uk/cat/)).
- *NIHR Fellowships Programme for all professions* – offer salary, research and training/development costs, at five levels: Doctoral Research Fellowship (PhD funding), Post-Doctoral Fellowship, Career Development Fellowship, Senior Research Fellowship and Transitional Research Fellowship ([www.nihrtcc.nhs.uk/nihrfellow/](http://www.nihrtcc.nhs.uk/nihrfellow/)).
- *NIHR Knowledge Mobilisation Research Fellowships* – offer salary and research costs ([www.nihrtcc.nhs.uk/kmf/](http://www.nihrtcc.nhs.uk/kmf/)).

### Positive practice

At Edge Hill University, Joann Kiernan conducted doctorate research to consider the impact of behavioural needs on the lived experiences of children with a learning disability and their families. Families and a range of professionals were interviewed to consider issues associated with inclusion and exclusion for this group of children within services and society as a whole.

Key findings include: children with a learning disability and behavioural needs experience disproportionate levels of discrimination and exclusion in comparison with their disabled and non-disabled peers; a child's behavioural needs overarches all aspects of the child and families lives e.g. employment, socialisation, education; the specialist knowledge required to support this group of children is not available in services. The implications for Learning Disabilities Nurses include how they can influence positively the improvement of inclusion, and the reduction of exclusion, of children and their families.

For further information: Joann Kiernan - [Kiernanj@edgehill.ac.uk](mailto:Kiernanj@edgehill.ac.uk)

## Next steps

- As at October 2013, 35 nurses held an NIHR training award. While these do not include any learning disability nurses, six potential learning disabilities nurse applicants are currently developing proposals to apply in future rounds.
- They will be supported and supervised by identified academic colleagues.

## Annex A: Higher education institutions offering NMC approved learning disability nursing courses

### East Midlands

De Montfort University, University of Northampton, University of Nottingham

### East of England

University of East Anglia, University of Bedfordshire,  
University of Hertfordshire

### Kent, Surrey and Sussex

Kingston University and St George's University of London

### North East

University of Northumbria at Newcastle, Teesside  
University

### North West

Edge Hill University, University of Chester, University of  
Cumbria, Manchester Metropolitan University, University  
of Salford

### North West London

University of West London, Kingston University and St  
George's University of London, University of Greenwich,  
London South Bank University, University of Hertfordshire

### North, Central and East London

London South Bank University, University of Hertfordshire

### South London

University of Greenwich, London South Bank University,  
Kingston University and St George's University of London

### South West

University of West of England, Bristol

### Thames Valley

University of Hertfordshire

### Wessex

University of Hertfordshire

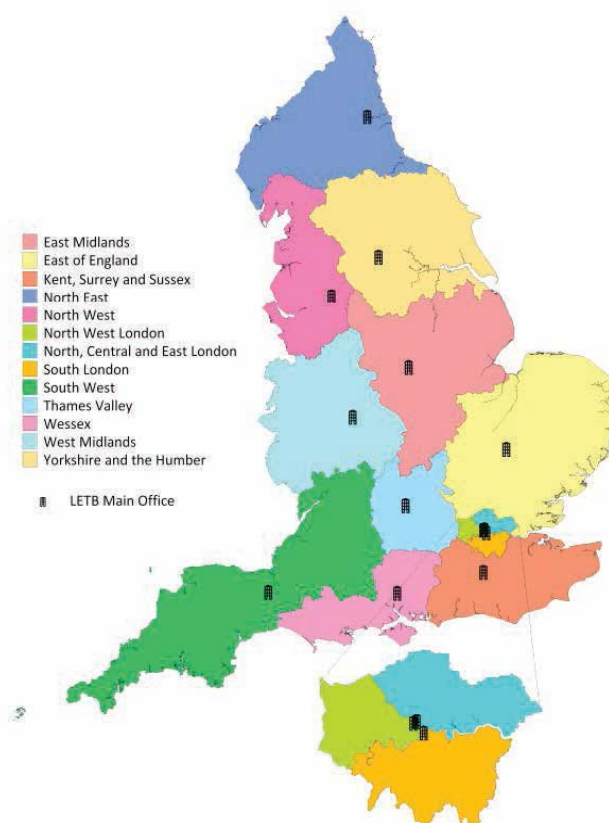
### West Midlands

Birmingham City University, Coventry University, Keele University, University of Wolverhampton

### Yorkshire and the Humber

University of Huddersfield, The University of Hull, Sheffield Hallam University, University of York

Local Education and Training Board Geography



## Annex B: Awards and initiatives in learning disability nursing

Nationally two prestigious awards have been created to recognise excellence in learning disabilities nursing. Both *Nursing Times* and *Nursing Standard* have a category for learning disabilities nursing in their annual nursing awards. All learning disabilities nurses are encouraged to apply and there is no shortage of applications describing innovations, involvement in transformational work and examples of practice development.

### ***Nursing Times* Learning Disabilities Nursing Award 2012**



In 2012, the *Nursing Times* Learning Disabilities Nursing Award went to Nottinghamshire Healthcare NHS Trust. Services are delivered by a range of approaches, including uni-professional, multi-professional and multi-agency approaches, depending on the needs of individual service users and the service offered, and from a variety of settings including NHS bases, community bases and private homes. Finalists in 2013 included the learning disability and autism nurse team at the Royal Cornwall Hospitals

Trust, who collaborated with the local clinical commissioning group to develop an accessible 'Choose and Book' scheme for patients with a learning disability. The nurses liaise with the patient, carer or parent to ensure the necessary reasonable adjustments are in place for the patient before their initial appointment in secondary healthcare.

### ***Nursing Standard* Learning Disability Nursing Award 2013**

Led by their nurse consultant, Gwen Moulster, the Haringey Learning Disability Nursing Team won the 2013 *Nursing Standard* Learning Disability Nursing Award. They developed a new model of nursing that has brought tangible improvements to the care of patients, while making the nurses' role much more rewarding.

The winner of the 2013 Nursing Standards Child Health award was Raj Jhamat, a learning disabilities liaison nurse working with autism in Birmingham Children's Hospital.



### **Learning disability nurse becomes QNI**

**In September 2013, Karina Hepworth, a senior specialist learning disability nurse, became a QNI Queen's Nurse (nurses who are committed to high standards of care in the community)**  
*'The values [of the QNI] are a blueprint for myself as an individual and as a professional nurse. They are what I strive to achieve every day of my life. Learning disability nursing affords me the opportunity to do this on a daily basis and my role enables young people with a learning disability to have the appropriate care delivered by all staff in our service. I see becoming a Queen's Nurse as an opportunity to have a voice to further develop the role of learning disability nurses within youth offending teams and to raise the profile of the needs of these young people.'*

**Karina Hepworth, South West Yorkshire Partnership Trust**



### **Learning disability nurses have their say through social media site**

Nurses and students have been encouraged to have their say through social media. A voluntary, social media based discussion and networking forum - @WeLDnurses (<https://twitter.com/WeLDnurses>) - was set up for, and by, learning disability nurses. Despite learning disabilities being the smallest field of nursing, the site has developed an international following and was a *Nursing Times* Learning Disabilities Nursing Award 2013 finalist. @ldnursechat is in talks with the universities to go in on a yearly basis promoting profession and sharing networking skills.

### **Paperclip conference initiated by a learning disability nurse**



In September 2013, the **Paperclip Conference: Strengthening the Connections** was held. This developed from an idea that a learning disabilities nurse - Sean Ledington - had whilst attending Nurse First, a social innovation course. He had been given a challenge to swap his paper clip for 1 hour in Manchester and come back with something of higher value, so decided to extend this to create resources that would allow him to host a national conference and awards ceremony for learning disability practice. At the time there was a need for a national conference for learning disability professionals in order to celebrate good practice and innovation within the sector, showcase innovative solutions that improve outcomes and/or save money, and act as a national awareness campaign for Strengthening the Commitment. The event was a huge success and showed the initiative, networking and planning skills of learning disabilities nurses in England.