A Description of the

Learning Disabilities Nursing Workforce

in Northern Ireland – A Report

Northern Ireland Practice and Education Council for Nursing and Midwifery

September 2015

INVESTORS
IN PEOPLE

CONTENTS

Abbreviations

Agenda for Change (AfC)

Assistant Director of Nursing (ADoN)

Autism Diagnostic Observation Schedule (ADOS)

Chief Nursing Officer   (CNO)

Child and Adolescent Mental Health Service (CAMHS)

Clinical Education Centre (CEC)

Community Children's Nurse (CCN)

Department of Health, Social Services and Public Safety (DHSSPS)

Dialectical Behaviour Therapy (DBT)

Executive Director of Nursing (EDoN)

Head Count (HC)

Health and Social Care Board (HSCB)

Health Social Care Northern Ireland (HSCNI)

Health Social Care Trusts (HSCT)

Higher Education Institutions (HEIs)

Human Resources, Payroll, Travel and Subsistence (HRPTS)

Jejunostomy (JEJ)

Learning Disabilities/Children and Adolescent Mental Health Service (LDCAMHS)

Management of Actual and Potential Aggression (MAPA)

Multidisciplinary Team (MDT)

Naso Gastric (NG)

National Institute for Clinical Excellence (NICE)

Northern Ireland (NI)

Northern Ireland Practice and Education Council for Nursing and Midwifery (NIPEC)

Nursing and Midwifery Council (NMC)

Percuntaneous Endoscopic Gastrostomy (PEG)

Positive Behaviour Support (PBS)

Public Health Agency (PHA)

Registered General Nurse (RGN)

Registered Mental Nurse (RMN)

Registered Nurse (RN)

Registered Nurse Learning Disabilities (RNLD)

Registered Sick Children's Nurse (RSCN)

Regulation Quality Improvement Authority (RQIA)

Royal College of Nursing (RCN)

Senior Professional Officer (SPO)

Strengthening the Commitment (StC)

Transforming Your Care (TYC)

United Kingdom (UK)

1.0   Background

The number of people with learning disabilities is expected to grow by 14% between 2001 and 2021[1] as advances in science and care mean people with learning disabilities are living longer and more fulfilled lives. Strengthening the Commitment, the Report of the UK Modernising Learning Disabilities Nursing Review, (2012)[2] sets out a renewed focus for the four UK governments to ensure there is an appropriately-skilled Registered Learning Disabilities Nursing workforce to meet the needs of service users and their families. The report seeks to ensure the skills of these registered nurses are used to greatest effect across the Health and Social Care Northern Ireland (HSCNI) system and to enhance the profile of this workforce as a whole.

Strengthening the Commitment (2012) sets out a blueprint for how Learning Disabilities (LD) Nurses can develop their skills and capacity to deliver the person-centred care that people with Learning Disabilities, their families and carers need, want and deserve. LD Nurses have a long and proud history of providing care and support to people with learning disabilities and their families. Skills and knowledge are developing and must reflect the changing needs of people with learning disabilities, now and in the future.

Learning Disabilities (LD) nursing has an essential part to play in our Health and Social Care (HSC) systems. These Nurses have sometimes lacked the attention and recognition that other nursing fields of practice have attracted. Too often in the UK wide review of LD nursing - Strengthening the Commitment- examples were cited of how this skilled resource is being under-utilised. Mindful that the overall pool of LD Nurses available across the UK is comparatively small and the needs of this population now and into the future, it is essential that the expertise of this workforce is used to best effect.

1.1   Introduction

Since the release in April 2012 of the Strengthening the Commitment, a Northern Ireland Action Plan has been developed to take forward its recommendations. Following a period of consultation the Action Plan was officially launched in June 2014. The   NI   Action   Plan   is   available
http://www.nipec.hscni.net/RegionalCollaborativeforNIActionPlan_NOTES.aspx

The Northern Ireland Regional Collaborative (the Collaborative) was convened at the request of the Chief Nursing Officer (CNO) to take forward the actions from the NI Action plan. The Collaborative is chaired by the Head of the Clinical Education

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[1] Emerson E, Hatton C (2008) Estimating Future need for Adult Social Care Services for People with Learning Disabilities in England Centre for Disability Research: Lancaster
[2] The Scottish Executive (2012) The report of the UK Modernising Learning Disabilities Nursing Review: Strengthening the Commitment. Edinburgh; Scottish Government.

Centre (CEC) and includes representation from; the Independent sector; all five of the Health and Social Care (HSC) Trusts, Education Providers, Northern Ireland Practice and Education Council for Nursing and Midwifery (NIPEC), Regulation and Quality Improvement Authority (RQIA), Association for Real Change (ARC) and the Public Health Agency (PHA).

One of the key actions within the NI Action Plan Strengthening Capacity particularly recommended the Collaborative to:

- *Produce a workforce review for Learning Disabilities Nurses in Northern Ireland that will consider all sectors and locations where these Nurses work and will include Nursing support staff. (*To view the detail of the action as set out in the NI Action plan see Appendix 1).

The purpose of this report is to present the findings of a Northern Ireland wide LD nursing[3] workforce review undertaken by the Collaborative during the period 2015. It includes information obtained from HSC Trusts, the Independent and Voluntary Sector and a number of Other organisations within which LD Nurses work.

1.2   Preliminary Work

In the lead up to this workforce review a Freedom of Information request was sent by the NI Collaborative to the Nursing and Midwifery Council (NMC) requesting the following information:

1.   The number of LD Nurses registered in Northern Ireland
2.   The number who hold a dual qualification i.e. RNLD and RMN/RGN/RSCN/RN1
3.   The number of LD Nurses with a recorded post registration NMC recordable qualification
4.   Where LD Nurses in Northern Ireland are practising
5.   The age profile of Northern Ireland Registered LD Nurses which is conveyed in the following age ranges: 20-30, 31-45, 46+.

Table 1 presents the response provided by the NMC.

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[3] Learning Disabilities Nursing includes nursing support staff/nursing assistants

Table 1: Summary of the NMC response

Question	NMC Response
1. The number of RNLDs registered in Northern Ireland	788 *To note:-this is a count of registrants whose registered addresses are in NI and who have a current registration on one of the following RN5/ RN6 /RNLD*
2. The number who hold a dual qualification i.e. RGN or RMN (i.e. RN1 /RNMH)	326
3. The number of RNLDs with a post registration NMC recorded qualifications (such as SPCLD or SPLD or V100, V150, V200 V300).	62
4. Where the Northern Ireland RNLD are practising	The NMC does not hold this information.
5. The age profile of Northern Ireland RNLD expressed in the following age ranges: 20- 30, 31-45, 46+	Age range 20-30 = 155 Age range 31-45 = 285 Age range 46+ = 348

Source Nursing and Midwifery Council (NMC) Feb 2015

This data indicates that 348 (44%) of LD Nurses registered with the NMC are over the age of 46 years.

2.0 Review Methodology

It is relevant to note that the Department of Health, Social Services and Public Safety (DHSSPS) have recently completed a Regional Workforce Plan for Nursing and Midwifery[4] in NI which took account of the LD nursing workforce. The contents of this report; *A Description of the Learning Disabilities Nursing workforce in NI,* builds on and expands the information gathered through the completion of the Regional Workforce Plan.

Thus, in order to capture as much information about the LD nursing workforce it was agreed that this review should include all known employers of this registrant workforce across all settings including:

  ➢ HSC Trusts,
  ➢ Independent/Voluntary Sector
    Other organisations to include: CEC, PHA/HSCB, RQIA, NIPEC and the three HEIs.

Scoping tools were developed to reflect the various settings and these are attached in Appendices 2, 3 and 4. The scoping tools aimed to gather a range of information including, for example:

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[4] Department of Health and Social Services and Public Safety (2015-2025) Evolving and Transforming to Deliver Excellence in Care A workforce Plan for Nuring and Midwifery in NI

- The LD Nurse staffing establishment within each organisation
- Arrangements for line management
- Arrangements for Professional Supervision
- Proposed service developments and related development needs.

2.1 Scoping Tool – HSC Trusts

The scoping tool targeted at HSC Trusts which is included at Appendix 2 comprised two sections as follows:

➤ **Section 1**: aimed to gather data relating to Adult Learning Disabilities nursing services in the following settings: Hospital, Community Nurses as part of a HSC Trust, Residential settings, Supported Living settings and Day Care settings.

➤ **Section 2:** aimed to gather data relating to Children's Learning Disabilities nursing services in the following settings: Hospital, Community Nurses as part of HSC Trust, Respite settings and Schools for Children with Special Needs.

2.2 HSC Trusts

The HSC scoping tool was issued to the following Trusts:

- Belfast HSC Trust
- Northern HSC Trust
- Southern HSC Trust
- Western HSC Trust
- South Eastern HSCNI Trust

Each Trust submitted a completed scoping tool proforma. For the purposes of this report the findings are presented anonymously.

2.3 Configuration of current service provision

The Learning Disabilities model of service provision varies across the five HSC Trusts. Three of the five Trusts provide Adult Hospital based in-patient Learning Disabilities services. All five Trusts provide Adult Community based services. Two Trusts provide Children's Hospital based services whilst four of the five Trusts provide Community based Children's services as presented in Table 2 below. One Trust share services between the Community and Hospital. There is no specific Learning Disabilities Children's nursing service in one Trust; rather Adult Community LD Nurses have a number of children with Learning Disabilities on their case loads.

Table 2: Learning Disabilities service provision across the five HSC Trusts

HSC Trust	Adult Hospital based Services	Adult Community based Services	Children's Hospital based Services	Children's Community based Services
TRUST A	Yes	Yes	Yes	Yes
TRUST B	No	Yes	No	No
TRUST C	Yes	Yes	No	Yes
TRUST D	Yes	Yes	Yes	Shared team with hospital ward
TRUST E	No	Yes	NO	Yes

Table 3 below details the head count (HC) and whole time equivalent (WTE) of LD Nurses employed in each of the HSC Trusts by Agenda for Change (AfC) Band in Adult and Children Learning Disabilities services. This includes, Hospital based services where relevant, Community services including HSC Trust teams, for example, Integrated Care Teams, Statutory Residential settings and Supported Living Day Care settings.

Table 3 Total Head Count and WTE in each HSC Trust by Band

	BAND 8b		BAND 8a		BAND 7		BAND 6		BAND 5		Total	
	HC	WTE	HC	WTE	HC	WTE	HC	WTE	HC	WTE	HC	WTE
TRUST A	1	1	6	6.5	24	24	33	24.09	144	136	209	191.5
TRUST B	1	1	0	0	12	12	18	17.1	11	11.4	42	41.5
TRUST E	0	0	4	4	6	5.6	7	6.4	15	13	33	29
TRUST D	1	1	3	3	5	5	21	22.1	35	28.5	65	59.6
TRUST C	0	0	1	1	11	13.6	19	21.6	64	60	95	107.2
Total	3	3	14	14.5	59	61.2	98	90.49	269	249.45	444	428.3

From the information submitted it was apparent that 444 (HC) LD Nurses work in the HSC Trusts, across a range of Bands which represents 429 WTE. Of the total number of LD Nurses identified, 67 (15%) work in Children's Learning Disabilities services whilst the remaining 386 (85%) work in Adult Learning Disabilities services. Trust A employs the largest proportion of the LD nursing workforce. Trust C reported that the difference in HC to WTE is due to a number of vacant posts within the organisation at the time of completion of the scoping tool.

It is of note that over the past ten years whilst there has been significant investment in the modernisation of the Learning Disabilities service provision, including the resettlement agenda, the head count of LD Nurses has remained largely unchanged. In 2006 the Registered LD Nurses headcount totalled 440 and in 2016 it is 444 (as presented in Table 3). It is relevant to note NI doubled its intake of LD pre-

registration student nursing commissioned places in 2009 – 2010 and that increased intake has been maintained since.

Three HSC Trusts reported that they each employ 1 WTE Band 8b Lead Nurse for LD nursing. One Trust has allocated 30% of 1 WTE Band 8c at Associate Director of Nursing level. Where a Band 8b post does not exist, it was reported that a Band 8a LD Nurse provides professional leadership.

Four of the five HSC Trusts reported that positions/posts currently held by LD Nurses ranging across these bands do not require the post holder to hold a LD Nursing qualification. Repeatedly, respondents noted that if these posts become vacant other professionals/members of the multi-professional team could be appointed to the position/post.

One Trust reported that within the figures provided that it employs 27 LD Nurses as Senior Social Care Workers within Supported Living settings to meet the needs of clients using this type of service. Whilst these post holders each hold current registration with the NMC as Nurses in the field of LD practice it was reported by the Trust that if these posts became vacant there would be no requirement for new recruits to be registered Nurses.

Conclusion

- On the basis of the information submitted it seems reasonable to conclude that the skills of LD Nurses are required and valued in a range of settings.
- It is interesting to note that a number of senior positions/posts currently held by LD Nurses do not require the post holder to hold a nursing qualification.
- It is also apparent there are less opportunities and limited career pathways for LD Nurses who aspire to middle and senior professional posts related to their specific field of practice

2.4   Age Ranges

The quality of the information submitted in relation to age range was variable so alternative sources were considered. Workforce data and information in relation to the overall workforce within the HSC sector in Northern Ireland are held and maintained on a new system, Human Resources, Payroll, Travel and Subsistence (HRPTS). The DHSSPS produces a quarterly statistical summary report for the whole of the HSC workforce, it was decided HRPTS would act as a suitable

alternative source to obtain the relevant data. Table 4 identifies the age ranges of LD Nurses employed by the HSC Trusts and projections for retirements from 2015 – 2030 based on a retirement age of 55 years[5].

Table 4: Age ranges of Learning Disabilities Nurses employed by the HSC and projections for retirements from 2015 – 2030

Headcount by Year/Age	<35	35 - 39	40 - 44	45 - 49	50 - 54	55 - 59	60+	Total	% aged 55 and over
2015	134	69	58	65	87	32	20	465	11%
2020	*52*	134	69	58	65	87	32	465	26%
2025	*87*	*52*	134	69	58	65	87	465	33%
2030	*65*	*87*	*52*	134	69	58	65	465	26%

Source HRPTS 2015

Conclusion

Based on this data and a retirement age of 55 years it seems that the HSC Trusts are likely to 'loose' as many as 52 of these Nurses to retirement imminently and 119 (approx. 25% of the total workforce) within the next 5 years. This suggests a need for immediate and robust action in regards to workforce planning including succession planning within the HSCNI.

3.0   Findings HSC Trusts

Summary findings from the HSC Trusts are set out under the specific headings as detailed in the scoping tool as follows:

- Section 4.0 relates to Adult Learning Disabilities services.
- Section 5.0 relates to Children's Learning Disabilities services
- Section 6.0 presents the information submitted in respect of nursing assistants/healthcare support workers.

3.1   HSC Adult Hospital setting

3.1.1 Line management arrangements in the Adult Hospital setting.

Those HSC Trusts which provide Adult Hospital based services reported that there are clear line management structures for LD Nurses. It was reported that the Band 5 Nurses report to and receive line management from a Band 7

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[5] Projected retirement age 55 years based on the HSC Pension Scheme (1995); with or without Mental Health Officer Status.

Ward Sister/Charge Nurse. Many of the Band 7 post holders are supported by Band 6 post holders. One Trust reported that all hospital based staff receive annual appraisals.

> **Conclusion**
> Clear line management arrangements were reported for LD Nurses working in Adult Hospital based settings.

3.1.2 Professional supervision arrangements in the Adult Hospital setting

All HSC Trusts which provide hospital based services reported that all LD Nurses receive and have access to professional supervision from a NMC registrant in the same field of practice. Two Trusts reported that these Nurses receive a minimum of two formal professional supervision sessions annually in line with the NI Standards for Supervision for Nursing[6] and local policy. Another Trust reported that all Nurses receive six monthly professional supervision, alongside quarterly management supervision. Various examples were provided by respondents as a means of demonstrating professional supervision arrangements at a local level. These examples included: staff engaging in group supervision and participating in action learning sets. One Trust reported that they audited the uptake of supervision monthly as it was one of its Nursing Quality Indicators.

> **Conclusion**
> Clear arrangements for professional supervision were reported across all HSC Hospital based settings for LD nurses including governance arrangements by the EXDoN.

3.1.3 Proposed developments and anticipated future Learning Disabilities workforce needs for hospital based services

One Trust (Trust A) reported that within the context of strategic drivers including the Equal Lives (2005)[7], Bamford Review (2007)[8] and Transforming Your Care (2012)[9], the Trust is modernising its Learning Disabilities service

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[6] Chief Nursing Officer for Northern Ireland (2007) Standards for Supervision for Nursing, DHSSPS.

[7] Department of Health, Social Services and Public Safety Equal Lives (2005): Review of Mental Health and Learning Disability-y (Northern Ireland). Belfast; DHSSPS

[8] Department of Health and Social Services and Public Safety (2012b) *Delivering the Bamford Action Plan* 2012-2015. Belfast: DHSSPS

[9] Department of Health, Social Services and Public Safety (2011b) *Transforming Your Care: Vision to Action.* Belfast: DHSSPS. Available at:

which will impact on the associated nursing service. It was reported this will include a process of retraction of hospital based care for those patients residing in continuing care wards. Trust A reported that it aims to strengthen capacity and capability within its LD nursing workforce through the development of expertise to enable LD Nurses to provide specialised assessment and treatment inpatient services. The Trust as part of the modernisation of the service is introducing a Positive Behaviour Support (PBS) model within both adults' and children's' inpatient services with extensive training being implemented locally.

To support this, the Trust respondent reported it is reviewing this element of its nursing workforce with a view to increasing the ratio of registered to unregistered nursing support staff. Historically the ratio of the registrant workforce to non-registrants was in the region of 40% to 60% respectively. In the redesign of services it is anticipated the ratio required will be 70% registrant to 30% non-registrant within acute inpatient services. Over the past 3 years the patient acuity levels have increased. This has impacted on skill mix requiring more registrants to support the complexity of the patient profile. It has also resulted in higher levels of observations required. It is recognised this will require significant recruitment initiatives and investment to secure sufficient LD Nurses. In addition the Trust advised of the need for additional roles including Forensic Practitioners for the regional specialist low secure ward, Behavioural Nurses, Nurse Prescribers, Dialectical Behaviour Therapy (DBT) Nurse Therapists, Liaison Nurses and Intensive Support and Home Treatment Nurses. Trust A plans to commission six Specialist Practice Nursing programmes from the Ulster University to develop Specialist Nurses particularly in the following areas: Challenging Behaviour Forensics, Mental Health and Addictions. It is anticipated this investment will help meet the increasing needs of those clients presenting with complex and acute care needs. Trust A noted a need for a regional review of the provision of low and medium secure treatment services in order that the needs of patients with forensic as well as those with non-forensic needs could be safely and effectively met.

Trust A also reported that a significant number of LD Nurses are able to retire currently and within the next five years which will significantly impact on service delivery. Due to its inability to recruit the required number of LD Nurses into positions available at both temporary and permanent level, the Trust has recently extended its recruitment nationally and to Registered Mental Health (RMH) Nurses.

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http://www.tycconsultation.hscni.net/wp-content/uploads/2012/10/TYC-Vision-to-Action-Consultation-Document.pdf

Trust C noted that its inpatient hospital services have seen significant change in the recent past with the closure of its Hospital based service and the creation of dedicated assessment and treatment unit. Trust C respondent highlighted that within the next few years a number of the nursing registrant workforce within its Learning Disabilities services are due to retire and these posts will need to be replaced to meet patient/client healthcare needs and the needs of the service. In attempts to proactively address workforce potential shortfall the respondent advised that work is being progressed within the Trust to ensure there are adequate nurse staffing levels across the organisation to support the delivery of the LD nursing service going forward.

Trust C respondent also reported that the needs of the patient population being admitted to hospital has become more complex and the LD nursing workforce will require additional skills and competencies to meet these needs; including enhanced skills in the management of challenging behaviours and related evidence based therapeutic interventions. The respondent suggested LD nursing would benefit from a career pathway specific to this field of nursing practice to support career development and enhance learning and development opportunities to equip nurses to meet the needs of service users.

Finally, Trust D reported that it is in the process of redesigning its hospital based service particularly to meet the needs of clients with acute complex needs. The respondent reported that all patients will soon have been resettled into community based settings which will result in the hospital based service reducing from the current two wards to one. As a result it was reported that the Trust is seeking investment in LD nursing services. To meet this need Trust D have requested one place on the new Specialist Practitioner Community Learning Disability Programme as part of the Trust's commissioned programmes for September 2015 and other standalone modules i.e. forensic care. It is noteworthy that although the new Specialist Practitioner LD Community programme being commissioned and appearing in the DHSSPS education commissioning plans; a decision was taken strategically to defer delivery until at least 2016.

Conclusions
- The HSC will need to monitor carefully the age profile of this workforce and plan to address gaps accordingly.
- The HSC is experiencing difficulties recruiting LD Nurses due to limited availability and in certain instances are taking steps to recruit from other fields of practice
- The acuity and complexity of needs of patients admitted to hospital are increasing. In order to respond effectively, LD Nurses will need to be supported by their employers to access a range of learning and development opportunities, to acquire additional skills to meet the needs of people with learning disabilities and where appropriate extend or develop new nursing roles

3.1.4 Adult Community based Services including, Integrated Care Teams, Residential, Supported Living and Day Care settings

Arrangements for the delivery of Adult Community based Services vary across the five HSC Trusts. Table 5 below presents the numbers of LD Nurses by Band, employed in the HSC Trust Community based Services including Community, Residential, Supported Living and Day Care settings.

Table 5: Numbers of Learning Disability Nurses by Band employed in the HSC Trust Adult Community based Services

Adult Setting	TRUST A	TRUST B	TRUST E	TRUST C	TRUST D
Community	Band 8B X1 RNLD not a requirement Band 8A x1 RNLD not a requirement Band 7 X 4 Band 6 X 8	Band 8B x 1 RNLD not a requirement Band 7x 8 Band 6 x18 Band 5 X 5	Band 8A x4 Band 7x 6 Band 6x1 Band 5 x 8	Band 7x 5 (3 Specialist practitioners) Band 6 x13	Band 8B x .2 Band 8A x 1 Band 7 x 1 Band 6 X 9.5 Band 5 X 1
Residential Setting	Band 8A RNLD registration not a requirement Band 7 RNLD not a requirement	Band 5 x1 Plus 2 vacant posts	Band 7x1	N/A	Band 6 X 2 Band 5 X 2 RNLD registration not a requirement
Supported Living	Band 8B X1 RNLD not a requirement 8a Post holder above covers Supported Living and Residential Care RNLD not a requirement	Band 6 x3 Band 5x1	N/A	Band 7x 2 Band 6 x 2 Band 5 x27 (SSW/RLDN)	Band 8b .4 Band 7 X 2 Band 5 x 2
Day Care	Band 7x 1 RNLD not a requirement Band 6 x19 RNLD not a requirement	Band 8Ax1 RNLD not a requirement Band 5 x5	Band 5 x3	Band 6x1 Band 5 x 2	Band 7 X 1 Band 5 x 7

The findings from the scoping exercise demonstrates that a significant number of senior posts/positions Band 7 and above within Community based services do not require or specify the post holder to have a LD nursing qualification.

Whilst some of these posts/positions are currently occupied by LD Nurses, if these were to become vacant other professionals could apply. In other incidences senior posts are held by Social Workers.

A number of respondents raised concerns that this could impact now and more so into the future on the visible nurse leadership contribution by registered LD Nurses at

a senior level. This is of particular relevance as professional leadership is one of the key areas identified within the NI Action Plan.

One Trust (Trust B) reported that LD Nurses are employed within its Supported Living settings but tend to hold management positions such as that of Deputy Manager and above. Trust B respondent reported that it is a requirement that all Nurses remain on the NMC register and meet the requirements of revalidation in order to continue working in such posts.

Another Trust reported that 27 Registered LD Nurses are working in its Adult Supported Living settings as Senior Social Care Workers. It is relevant to note that the respondent commented that these Nurses feel that the registration and regulation of Supported Living significantly restricts their ability to practice the full range of their nursing skills. It was also reported these Nurses are anxious about their continued ability to maintain their registration as Registered Nurses in the context of the changing requirements of the NMC in relation to revalidation. Additionally, it was reported that Nurses working in these settings believe that by not allowing them to practice to the full capacity of their professional knowledge, skills and education, causes avoidable cost to the wider health and social care system, by requiring District Nurses or Community LD Nurses to provide care that they are capable of delivering.

Conclusion

- A number of senior positions do not require the post holder to hold registration with the NMC. It is suggested; this has and will continue to have an impact on the visible nurse leadership contribution by LD Nurses at a senior level.
- The situation as described above in relation to LD Nurses working in social care settings (in particular, supported living) would not appear to represent value for money. This, along with the unnecessary duplication described above, limits continuity of care and arguably may not represent the most effective way of providing holistic person centred care.
- Nurses working in supported living settings are concerned regarding their ability to utilise their skills and competencies as a LD Nurses and retain the title "Nurse".
- Not all posts requiring the skills and expertise of an LD Nurse reflect this in the job title, therefore, the unique contribution of the Nurse may not be clear.
- To note CNO commissioned a review of NMC registrants working within Social Care setting. The output from that review should be utilised to maximise to the contribution of LD Nurses working in such settings.

3.1.5 Line management arrangements for Learning Disabilities Nurses working in Adult Community based services

Analysis of the information provided verified that clear line management structures are in place for LD Nurses working in Community based services. It was reported that Lead Nurses/Clinical Nurse Managers provide line management for Community LD Nursing Teams. Within the other community settings such as Residential settings, Supported Living and Day Care settings, a number of Trusts reported that the Line Manager is, in some cases, not an NMC registrant. A number of HSC Trusts reported that operational line management for some community services was provided by non-NMC registrants for example; Social Workers, who provided operational/line management for the LD Nurses working within that setting.

Conclusion

Clear line management structures, were reported for LD Nurses working in Community based services however, a number of Line Managers particularly within Residential settings, Supported Living and Day Care settings are non-NMC registrants.

3.1.6 Professional supervision arrangements for Learning Disabilities Nurses working in Adult Community based services

All respondents reported that arrangements for professional supervision for LD Nurses working in Community based services were in place. Professional supervision is mainly provided by the Line Manager where they are a Registered Nurse in a relevant field. It was reported that where the Line Manager is not a Registered Nurse, appropriate arrangements for professional supervision are put in place. Reported examples of arrangements for professional supervision included:

- LD Nurses in Specialist roles facilitate Professional supervision for Nurses working in day care settings
- Bi-monthly Professional meetings
- Arrangements for group supervision
- Arrangements for Professional supervision by a Nurse registrant from another setting within the Trust

Conclusion
Clear arrangements for professional supervision were reported for all LD Nurses working in Community based services including governance arrangements by the EXDoN.

3.1.7 Proposed and anticipated future Learning Disabilities Nursing workforce needs within Community based services.

Trust D reported it is currently restructuring its Learning Disabilities community teams to facilitate multi-professional working through uni-professional line management arrangements. It is intended that the new team structures will facilitate LD Community Nurses to have capacity to focus primarily on health promotion, management and improvement activities whilst working collegiately with Multidisciplinary Team (MDT) colleagues across teams. Trust D plan to have the restructured team operational from March 2016.

Trust E anticipates the possible development of Intensive Support Services which will incorporate a residential/respite assessment and treatment service within its Residential services. It is anticipated this would include the need for additional LD Nursing posts. Within Trust E, Day Care services proposed, service development includes the appointment of three additional part time LD Nurses to work in the area of complex physical health care service provision within the Adult Resource Centres. Of note, the respondent reported that 11 of their senior LD Nurses working in specialist posts will be in a position to retire within the next five years.

Trust C recognises that the needs of clients using day care are changing. It was reported that client's health care needs are becoming more complex. The Trust acknowledges it will need to ensure adequate numbers of LD Nurses are employed, particularly in Day Care settings to lead in assessing, planning and implementing person centred care plans for individuals with complex needs and ensuring there is appropriate timely nursing input to meet those needs. Additionally, Trust C identified that seven out of ten LD Nurses providing Specialist roles and two Nurses with Mental Health Officer status will potentially retire in the next five years.

Trust A reported that it has supported the development of its community infrastructure through the commissioning of Specialist Nursing Practice Courses for Nurses working with people with a Learning Disability in community settings. Trust A is also seeking to appoint two Behavioural Nurses to meet the needs of individuals who present with challenging behaviours. The Trust anticipates commissioning education programmes in the area of forensics and epilepsy management. The Trust also recognises the changing needs of those attending day services and of the increasing need to employ LD Nurses to support clients in day centres to meet the assessed needs of those with co-morbidities and complex health presentations.

Trust B respondent reported a Trust wide project has been initiated to provide a seamless journey for service users and their carers/family from the moment

they are assessed as requiring learning disabilities services. One particular work stream of the aforementioned project seeks to examine the role and function of each professional group including the LD Nurse, with the aim of defining the unique contribution of this workforce and how the profession can work most effectively to deliver services to service users within a multidisciplinary team approach, agree operational and professional management arrangements. A primary focus of this model is to facilitate an integrated care approach to effectively meet clients' needs whilst promoting a shared understanding and a mutual recognition and respect of uni-professional roles and functions.

Trust B respondent reported it is currently reviewing the LD nursing workforce to provide a current, up to date analysis of the core nursing team within the Trust. Included within this, will be recommendations for succession planning, staffing levels and recruitment/retention of staff. The respondent reported that the Trust anticipates it will need to commission learning and development opportunities for LD nursing teams to meet the needs of service users with more complex physical health care needs.

Conclusions

- The needs of people with learning disabilities are becoming more complex and in line with strategic direction, these needs are being addressed via a community based model rather than hospital based services.
- This has an impact on the skills required of the LD Nurse who as a result of service modernisation, will need access to a range of learning and development opportunities to acquire new, expanded and additional skills to effectively meet the needs of service users.
- Trusts have indicated their intention to expand the community LD Nurse infrastructure and it would be important this intention is translated into action.
- The imminent retirement of a significant number of senior LD Nurses working in specialist posts will require robust succession planning.

3.1.8 Number of nursing staff who are employed within the Adult Learning Disabilities with a nursing registration/qualification from another field of practice

The findings from the scoping tool identified nine Nurses with a nursing registration, in another field of practice, are employed across the five HSC Trusts to meet the needs of adult patients/clients with Learning Disabilities. Mental Health is the most common field of practice cited in this regard, followed by Adult nursing. Three of these posts are Band 7 and above. Two Trust respondents did not indicate at which Band the Nurse is employed.

> **Conclusion:**
> In those exceptional instances, where an employer fills a LD nursing post with a Nurse from another field of practice, employers have in place effective professional support and governance arrangements.

3.1.9 Designated Learning Disabilities Nursing Roles within Adult Learning Disabilities Services

Whilst LD Nurses in the main work within learning disabilities services, the evidence suggests[10] they also have a clear role in supporting clients with learning disabilities across a range of services including general hospital settings. Hannon (2010)[11] suggests LD Nurses are pivotal in ensuring and contributing to person centred care plans to enhance the care of people with learning disabilities.

As part of this scoping respondents also noted a number of designated[12] roles which LD Nurses undertake as detailed below.

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[10] McClimens. A, Brewster. J, & Lewis. R (2013) Treatment of clients in the NHS: A case study. *Learning Disability Practice* **16**:6, 14-20..

[11] Hannon. L (2010) General Hospital Care for people with Learning Disabilities, Wiley Blackwell

[12] Designated Roles: Learning Disability Nurse with additional responsibilities for aspects of practice

Table 6: Designated roles within Adult Learning Disabilities services

Designated Role	TRUST A	TRUST B	TRUST C	TRUST D	TRUST E
Behaviour Nurse	2 Band 7	7 Band 7	1 Band 6 1 Band 7 RNLD registration not a requirement	1 Band 8A	3 Band 8A 1 Band 7 1 Band 6
Forensic Nurse	1 Band 6	1 Band 7	1 Band 7 RNLD registration not a requirement	NO	NO
Health Facilitator	NO	3 Band 6	2 Band 6	3	1 Band 7
Epilepsy Nurse	NO	1 Band 7	1 Band 7	NO	1 Band 7
Resource Nurse	1 Band 6	NO	NO	NO	NO
Practice Educator Facilitator	NO	1 Band 7	NO	NO	NO
Community Access Officer	NO	NO	1 Band 6	NO	NO
Nurse Development Lead	1 Band 7	NO	NO	NO	NO

All HSC Trusts have access to Practice Education Teams including, Practice Education Co-ordinators and Practice Education Facilitators, who along with mentors support pre-registration nursing students. The Practice Education Teams have arrangements in place to support current field of practice "due regard" NMC requirements. It was reported that the majority of the LD Nurses who undertake designated/additional roles have additional qualifications relevant to their scope of practice including, Specialist Practitioner Community Learning Disabilities, Behaviour Management, Epilepsy Prescribing/Supplementary Prescribing. A number of the reported Designated LD Nursing roles within Adult Learning Disabilities services do not reflect or include the title of Nurse.

Two new titles/roles which were noted in the course of this review were:
(1) Resource Nurse and (2) Community Access Nurse.

1. Trust A respondent reported that the Resource Nurse is not dedicated to Learning Disabilities services and although this position of Resource Nurse is currently held by an LD Nurse should it become vacant it would be available to other professionals. The post holder is responsible for undertaking audits, managing the risk register, training and compiling reports relating to trend analysis.

2. Trust D respondent reported that the Community Access Nurse provides intensive in-reach to service users own homes to prevent hospital admission.

> **Conclusion**
> - LD Nurses have a clear role in supporting clients across a number of areas. E evidence would suggest the contribution of the LD nurse is pivotal in ensuring the needs of clients are addressed through person centred care plans in a range of settings.
>
> - In certain of the designated roles the title of nurse is not included however the requirements of the post necessitate the post holder to be a nurse. It could be argued that the particular nursing skill set required of the post is not apparent by the job title and therefore the unique contribution of the nurse may not be clear.

3.1.10 Practice Development and/or Training Role Adult Learning Disabilities Services

LD Nurses engage in practice development and training to support their colleagues within the Trust in which they work. The list below presents the information reported by the Trusts in this regard.

- The Epilepsy Nurse provides epilepsy awareness and emergency management across the Trust (Trust E) (Trust B)
- Behavioural Nurses provide Trust wide training on management of challenging behaviour (Trust E) (Trust B)
- LD Nurses deliver Management of Actual and Potential Aggression (MAPA) (Trust A) (Trust C) (Trust D)
- LD Nurses deliver "In-hospital" life support. (Trust A)
- Health Facilitator provides Learning Disabilities awareness in Primary Care setting (Trust B)
- LD Nurses in Day Care oversees medication including competence assessment (Trust C)

3.1.11. Learning Disabilities Nurse Prescriber:

Table 7 below presents the number and status of registered Nurse Prescribers within Adult LD nursing services across the HSC Trusts. Currently one Trust employs an LD Nurse who is on the Trust Prescribing Register and is actively prescribing. Another Trust employs an LD Nurse who is awaiting entry to the local Prescribing Register.

Table 7: Learning Disabilities Nurse Prescriber: HSC Trust

TRUST	On Trust Non-medical Prescribing Register	Actively prescribing
TRUST A	1	Registration in place and pilot underway
TRUST B	1	1 Supplementary Prescribing
TRUST C	0	0
TRUST D	commencing training in September 2015	
TRUST E	1	1

Conclusion

The potential of non-medical prescribing to contribute to effective and timely person centred care and in turn support the redesign and modernisation of services is highlighted within the Strengthening the Commitment Report[1], however the data submitted above would seem to suggest that the potential could be further exploited within learning disabilities services.

4.0 HSC Children' Learning Disabilities services

4.1.1 Learning Disabilities Children Hospital based services

Table 8 presents the configuration of Trusts, with Learning Disabilities Hospitals providing ward based services for Children with learning disabilities, staffing establishment and Bands of Nursing staff working in each Trust. Two of the five HSC Trusts provide Hospital based services. Trust D reported that the Children's Hospital based LD nursing team is shared with the community based service.

Table 8: Children' Learning Disabilities Hospital based services

	TRUST A	TRUST B	TRUST C	TRUST D	TRUST E
Learning Disabilities Children's Hospital based service	Band 8A x 1 Band 7 x 1 Band 6 x 1 Band 5 x 15	NO	NO	Hospital Ward & Community *Shared team* comprising Band 8a x1 Band 6 x 3 Band 5 x 5	NO

4.1.2 Learning Disabilities Children's Community Nursing Service:

Table 9 presents the staffing establishment and Band of Nursing staff working in children's community based LD nursing services across the HSC Trusts. One Trust has a shared team between the Hospital based service and the Community service.

Table 9: Learning Disabilities Children's Community Nursing Service per HSC Trust

Learning Disabilities Nursing Children's	TRUST A	TRUST B	TRUST C	TRUST D	TRUST E
Community	Band 8A x1 Band 7 X 1 Band 6 X 4	No dedicated children's learning disability nursing service but on current Adult caseloads	Band 8A x1 Band 7 x 2 Band 6 x 3	Shared team with hospital ward Band 8A x 1 Band 6 X 3 Band 5 X 5	Band 7 x 1 Band 6 x 4 Band 5 x 1
Statutory Residential setting	Band 6 x 1	No dedicated service		Band 6 X 2 Band 5 X 2 RNLD LD Nurse registration not a requirement	Band 5 x 3
Respite	Band 7 x 2 RNLD registration not a requirement Band 6 x 1 RNLD registration not a requirement Band 5 x 8	Band 7 x1 RNLD registration not requirement of post	Band 7 x 2 Band 5 X 8	Band 5 x 4	Band 6 x 2 Band 5 x 1
Special School		No dedicated service		Band 5 x 1	Band 5 x 2

4.1.3 Line management arrangements for Learning Disabilities Nurses working in the Children's: Hospital based settings

All of the HSC Trusts who provide ward based Hospital services for Children with Learning Disabilities reported there were clear line management structures for the LD Nurse working in these settings. The data obtained, indicated that Band 5 Nurses report to and receive line management support from a Band 7 Ward Sisters/Charge Nurse and that in many instances Band 7 Ward Sisters/ Charge Nurses is supported by a Band 6 Deputy Ward

Sister/Charge Nurse or Senior Staff Nurse. One Trust reported that all hospital based staff receive annual appraisals.

> **Conclusion**
> Clear line management were reported for Nurses working in Children's Hospital based Learning Disabilities settings

4.1.4 Professional supervision arrangements for Learning Disabilities Nurses working in the Children's: Hospital based settings

Of the HSC Trusts who provide Hospital based services respondents reported that all LD nursing staff receive and have access to Professional supervision from a Registered Nurse in the same field of practice. One respondent noted supervision arrangements are in line with the NI Standards for Supervision for Nursing[13]. Another reported that those Nurses working in Children's hospital based settings receive monthly supervision which includes professional supervision.

> **Conclusion**
> Clear arrangements for professional supervision were reported across all Children's Hospital based settings including governance arrangements by the ExDoN.

4.1.5 Proposed service developments and anticipated future Learning Disabilities Nursing workforce needs

One Trust (Trust D) reported that the Hospital team has been developed into a specialist home treatment team within the Learning Disability Child & Adolescent Mental Health Service (LDCAMHS) model of care. The team only admit children into hospital when all efforts at working intensively within the community have been exhausted and/or the child is at danger to themselves or others and cannot be safely managed in the community. A process has commenced to re-profile the funded establishment to create a Band 6 Deputy Nurse Manager for the team. It is anticipated that the team will require specialist training in areas such as: cognitive behaviour therapy, family therapy and sensory integration to support delivery of the service.

Trust D respondent also noted that there is a need for future investment in the LD nursing workforce of approximately two Registered Nurses and one

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[13] Chief Nursing Officer for Northern Ireland (2007) Standards for Supervision for Nursing, DHSSPS.

Nursing Assistant to provide a locally based service in the Southern sector of the Trusts geography.

Trust A reported that Learning Disabilities Children's Hospital services have been jointly reviewed by the Health and Social Care Board (HSCB) which indicated that there continues to be a need for inpatient service to meet the needs of those requiring acute inpatient assessment and treatment. The hospital ward is working with the Child and Adolescent Mental Health Service (CAMHS) team to ensure consistent treatment options for those in Children's inpatient care. It was reported this will require investment to develop intensive support and home treatment options as well as community infrastructure to deliver person centred care and provide the least restrictive care options and home treatment. It is anticipated this could mean reducing hospital bed numbers from currently eight to six in the longer term and delivering outreach support to community teams.

Conclusion
- In line with strategic direction, the needs of children with learning disabilities are being addressed via a community based model rather than hospital based services.
- Strengthening the Commitment (2012) suggests that LD Nurses can make a significant impact on health and development, particularly if they are involved in an early stage in the life span.
- LD Nurses possess specific knowledge and competencies that can bring added value, particularly to children with the most complex needs, and as such then should be a central component of services delivering care to this population. The skills of LD Nurses add value in a range of areas including for example: skills development, mental health and emotional well-being, behavioural management, complex physical health needs and family-focused intervention and support.

4.1.6 Line Management Arrangements for Learning Disabilities Nurses working in Children's Learning Disabilities Community Teams

The information provided, confirmed that clear line management structures are in place for LD Nurses working in Children's Community based services. It was reported that Lead Nurses/Clinical Nurse Managers provide line management for Community Learning Disabilities nursing teams. Within other community settings such as Statutory Residential settings, Supported Living and Day Care settings, a number of respondents reported that the Line

Manager is in some cases not a Registered Nurse. A number of HSC Trusts reported that operational line management for some community services was provided by non-NMC registrants, for example: social workers, who provide operational line management for the LD Nurses working within that setting.

> **Conclusion**
> Clear line management structures were reported for LD Nurses working in Community based services. A number of non-NMC registrants/other professional's line manage Learning Disabilities Nurses particularly within Residential settings, Supported Living and Day Care settings.

4.1.7 Professional Supervision Arrangements for Learning Disabilities Nurses working in Children's Learning Disabilities Community Settings

It was reported that all LD Nurses working in Community based settings receive and have access to Professional supervision from a Registered Nurse in the field of disabilities. One respondent noted that Professional supervision is provided by a Band 7 Nurse from within the Directorate as the Line Manager is not a Nurse. Trust E reported that Community based LD Nurses attend quarterly Professional Learning Disabilities Nursing meetings which are attended by Nurses working in adult and children's services.

> **Conclusion**
> Clear arrangements for professional supervision were reported across all Children's Learning Disabilities community based settings including governance arrangements by the EXDoN.

4.1.8 Service Development: Children Community based settings

Trust D reported that the Community team has made significant progress within a LDCAMHS model of care. Work is underway to ensure that necessary professional development opportunities are taken to facilitate non-medical independent prescribing to meet the needs of children with   specific disorders in line with relevant National Institute for Clinical Excellence (NICE) guidelines. The Trust also reported that plans are being progressed for one Nurse within the team to complete a family therapy course. Trust D has

identified the need for a Band 7 Manager in this team and a business case to support the appointment of the post has been approved.

Trust D also reported that a review team has been established to look at short break provision for children with Learning Disabilities. Whilst it is difficult to predict the outcome of this work at this time the Trust indicated that given the remit of this review team in respect of children with complex health care needs, it is possible that a need for an expansion of the LD nursing workforce may emerge.

Trust E reported the development of an Intensive Support Service that may include LD nursing posts including that of a team leader. The Trust at this time is considering LD Nurses having the opportunity to apply for this post.

Trust A reported that there is currently a comprehensive review underway in relation to services for Children with Learning Disabilities. This will determine and inform future service delivery and workforce needs.

Trust B reported that they do not have a dedicated LD nursing resource for children with learning disabilities however; the Adult LD Nursing team do have children on their caseloads. In addition, it was reported LD Nurses deliver a significant level of training to special schools and provide support to the Children's nursing services.

Findings from the responses submitted indicated that in total, 16 nursing staff are employed in Children's LD nursing service with a nursing registration from other fields of practice including Children's, Mental Health and level two Nurses (Enrolled Nurses) to support delivery of the nursing service and meet the needs of Learning Disabilities Clients across a range of settings.

Conclusion

- Significant anticipated service development within Community Children's Learning Disabilities service was reported. As with Adult services this has an impact on the skills required of those Learning Disabilities nurses practicing within Children's services.
- In order that nurses are enabled to continue to make positive person centred nursing contribution by acquiring new skills, they will need timely access to a range of appropriate learning and development opportunities including; behaviour therapy PBS family therapy sensory integration, therapeutic interventions to support intensive support and home treatment and independent non-medical prescribing.
- Employers, education commissioners and providers of nursing education should be well positioned to make this happen

4.1.9 Schools for Children with Special Needs

Two LD Nurses were reported as working in Special Schools across the HSC Trusts. In such cases arrangements for line management and Professional supervision were reported

4.1.10 Service Development

One respondent reported that a regional group are currently reviewing the role of the Nurse in special schools.

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4.1.11 Children's Learning Disabilities: Designated roles

A range of very specific programmes has been undertaken by a small number of LD Nurses. These programmes include: Sleep Counselling and Autism Diagnostic Observation Schedule (ADOS). It was reported that these Nurses use these skills/competencies qualifications in their day to day practice.

4.1.12 Children's Learning Disabilities: Nurse Prescribing

One LD Nurse within Children's learning disabilities services is on the prescribing register and actively prescribing. It was reported a second is undertaking the Nurse prescribing programme.

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Conclusion

As in Adult Learning Disabilities services the potential of non-medical prescribing to support and contribute to the redesign and modernisation of services is highlighted within the Strengthening the Commitment Report, however, the data in the table above would suggest this potential has not been fully exploited within Children's Learning Disabilities services.

5.0. HSC Trusts: Nursing Assistant/Healthcare Support Worker Band 3

The Table below presents the number of Band 3; Nursing Assistants/Healthcare Support Workers employed in the HSC Trusts, most are Hospital based with only 5 reported as working in Community based services.

Table 10: Band 3 Nursing Assistant/Healthcare Support Worker per HSC Trust and setting.

HSC Trust	Adult Hospital based Services	Adult Community based Services	Children's Hospital based Services	Children's Community based Services
TRUST A	181	0	18	5
TRUST B	0	0	0	0
TRUST C	7	0	0	0
TRUST D	15	0	3	0
TRUST E	0	0	0	0

Conclusion

On the basis of service need the HSC Trusts should explore the potential for skill mix via a designated Nursing Assistant/Nursing support role within the delivery of the Community LD nursing teams and/or Integrated Community Teams. NIPEC has undertaken work in respect of this role. The outputs from this work should be utilised to maximise the skill mix potential within LD Community services.

6.0 Independent /Voluntary Sector

Information was sought from Independent/Voluntary Sector organisations using a specific scoping tool at (Appendix 3).

The scoping tool was issued via the Regulation and Quality Improvement Authority (RQIA) to 1025 organisations which they register and regulate. The response and returns of completed scoping tools was less than anticipated with only 68 organisations responding, representing a response rate of 7%. A total of 53 responding organisations indicated that they did not employ LD Nurses and as such they assumed the tool did not apply to them. Through the membership of the Collaborative, relevant local intelligence was sought in regards to Independent /Voluntary Sector organisations within each HSC Trust's catchment area where it was thought LD Nurses were employed. A revised targeted circulation list was prepared by RQIA and the NIPEC Senior Professional Officer. The scoping tool was subsequently reissued to the revised targeted circulation list in July 2015. This resulted in the receipt of a further 7 (new) submissions. Anecdotal evidence suggested that a number of Independent/Voluntary Sector organisations who

employed LD Nurses had still not responded, therefore NIPEC made contact with a further 9 organisations.

6.1.1: Findings from the Independent /Voluntary Sector

From all of the information received, 170 LD Nurses were identified as being employed in the Independent/Voluntary sector across a range of settings including private Nursing Homes, Residential settings and Supported Living

A further 37 Registered Mental Health Nurses and 48 Registered Adult Nurses were employed within these settings to meet the needs of client's with learning disabilities as presented in Table 11 One respondent from a private nursing home noted "…..we would prefer that 80% of our nursing staff were LD Nurses, currently however only 33% of our workforce are registered LD Nurses. We need an additional four LD Nurses…"

Table 11: Independent/Voluntary Sector: Learning Disabilites Nurses and Registrants from other fields of practice
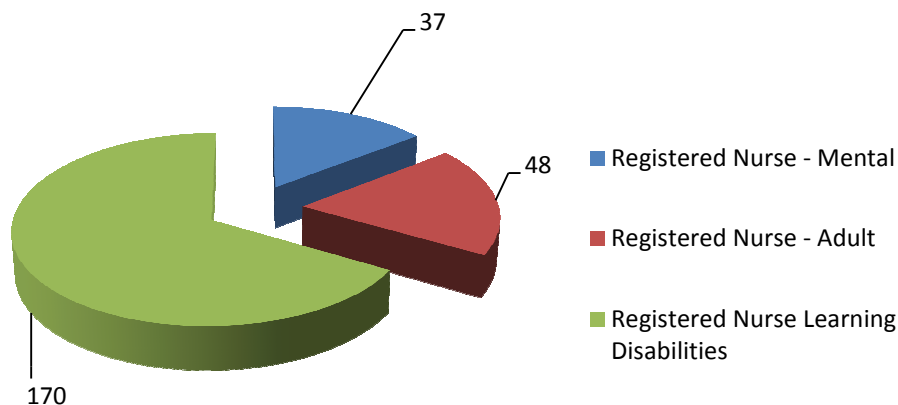
Job titles of LD Nurses employed in the Independent/Voluntary sector included Home Manager, Deputy Managers Sister/Charge Nurse and Staff Nurse. The job title most frequently reported was that of 'Staff Nurse'. A number of the respondents reported that the role of the Home Manager was supernumerary.

Information reported in relation to age range was variable with relevant data being returned in respect of the 107 Nurses. The detail in respect of age ranges is included in Table 11 which presents the spread of ages. From the information submitted it can be established that 30% of the Registered LD nursing workforce

employed in the Independent Sector are over the age of 50 years. A number of respondents reported great difficulty in recruiting LD Nurses and the delivery of the service relies on LD Nurses who have either already retired from the HSC or hold two posts working between the HSC and Bank/Agency. Additionally a number of respondents reported that in the absences of LD Nurses they employed Registered Nurses from the Adult or Mental Health field of practice.

Table 12: Age ranges of Registered LD Nurses in Independent/Voluntary Sector
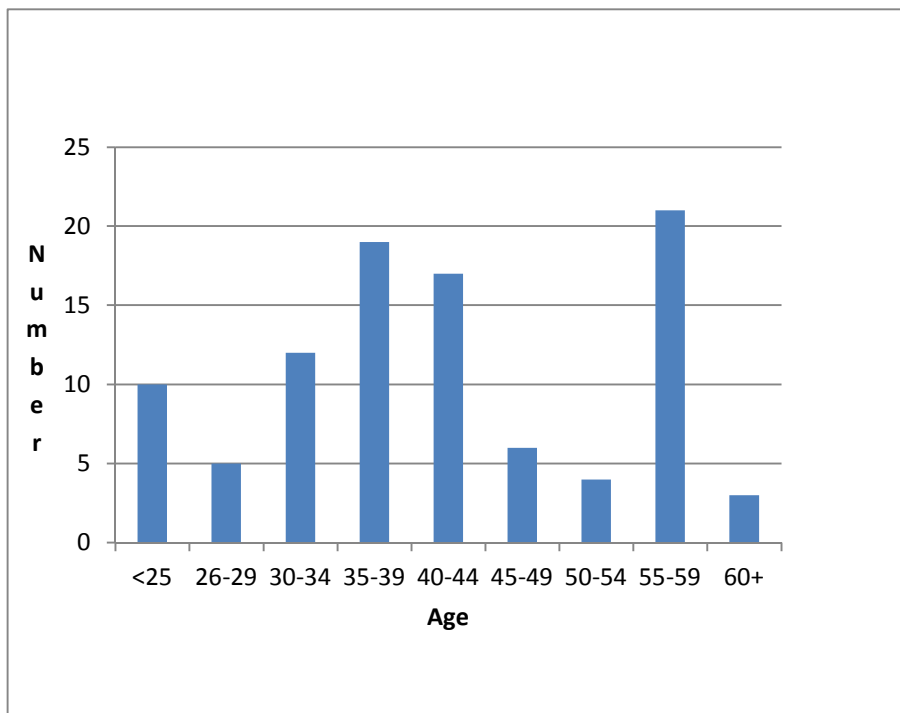
Conclusion
- Independent Sector organisations rely heavily on LD Nurses who have either already retired from the HSC or hold two posts working between the HSC and Bank/Agency to meet the needs of the service.
- The age range of the LD Nurses working in the Independent/ Voluntary sector is concerning in relation to their imminent exit from the service and how these posts will be filled in the future.

6.1.2: Line Management Arrangements: Independent Voluntary Sector

The information submitted illustrated that line management arrangements depend on the setting in which the LD Nurse works. Within a Nursing Home setting it was reported that the LD Nurse reports to the Line Manager who is a Registered Nurse. In the Independent Sector, Supported Living settings, it was reported that each month the Home Manager meets with a Line Manager to complete a template which incorporates all the key service areas that the organisation provides to the clients residing on the scheme.

> **Conclusion**
> Line management arrangements were reported for those LD Nurses working in the Independent/Voluntary Sector which vary depending on the service setting.

6.1.3 Professional Supervision Arrangements: Independent Voluntary Sector

The information submitted indicated that professional supervision as with line management arrangements is dependent upon the setting in which the LD Nurse practices. Within a Nursing Home setting it was reported that LD Nurses access professional supervision from another Registered Nurse although not necessarily from the same field of practice. Respondents cited professional supervision arrangements as follows:

➤ three monthly supervision by Nurse Managers
➤ clinical supervision sessions are scheduled quarterly and Nurses also receive informal supervision on an 'as and when required' basis
➤ supervision is on-going throughout the year

Arrangements in respect of professional supervision were less clear in Supported Living settings. One respondent reported that each month the Home Manager meets with a Line Manager who completes a template which incorporates key areas regarding the individuals residing on the scheme.

Another respondent noted that the one LD Nurse employed within the organisation receives professional supervision from a Manager who is a Social Worker which arguably is more akin to line management.

In another Supported Living setting it was reported that the Scheme Manager is the only LD Nurse within the scheme and did not indicate where he/she received professional supervision.

Conclusions:

From the information submitted it is apparent that professional supervision as with line management arrangements is related to the setting in which the LD Nurse practices. Those working in Nursing Home settings appear to have access to Professional supervision with another NMC registrant although not necessarily a LD Nurse whereas in Independent Supported/Residential living type settings professional supervision appears to be more aligned and akin to management

6.1.4 Service development: Independent Voluntary Sector

Limited service development was reported by respondents from the Independent/Voluntary sector. The responses in this area are presented separately a) Nursing Homes and b) Residential/Supported Living settings.

a) Nursing Homes
One respondent noted that the Nursing Home does not currently employ Registered LD Nurses but are actively seeking to do so to meet the needs of clients being cared for within the home.

One of the larger Nursing Home providers reported they are actively involved in external committees as well as their own internal Learning Disabilities forum. Each Home has its local community network to ensure the lives of the residents are enhanced to their full potential.

Additional comments included
"…although there are no proposed developments within the nursing home at present the home offers residence to 24 Adults with Learning Disabilities and complex health care needs and reported it would be advantageous if Learning Disabilities pre-registration nurse education incorporated increased clinical skills and competencies.." in relation to the following:

- PEG feeding
- JEJ feeding
- NG feeding
- management of wounds,
- male and female urinary catheterisation,
- phlebotomy,
- tracheostomy
- dealing with behaviour which is challenging

The respondent noted that. "*…these skills are necessary to equip Learning Disabilities Nurses to manage complex health care needs".*

b) **Residential/Supported Living settings**

One provider of residential care reported that over the past two years has changed its model of service provision The respondent noted that "….*we are in the process of moving from a Residential Home to Domiciliary Care/Supported Living care setting. We will not have any* LD *Nurse in our workforce …*"

Additional Comments

"…more training is required for the independent sector relating to learning disabilities:-dementia/palliative/end of life care.."

"…there is a need for more LD student nurse placements within the Independent sector…"

"…we continue in our efforts to recruit suitably qualified LD Nurses however this has become increasingly difficult due to limited availability of Nurses with this expertise…"

In respect of the pre-registration nursing programme – Adult field, one respondent noted that -"…more emphasis should be placed on learning disabilities awareness…"

6.1.5 Designated Roles

Within the independent sector it was reported that LD Nurses in some cases carry responsibility for aspects of nursing care including, epilepsy, behaviour management and infection control.

Conclusions
- LD Nurses employed in the Independent Sector require the necessary skills and competencies to meet the increasingly more complex needs of the patients living within these settings including: end of life and palliative care.

- There is a willingness to support practice placements to facilitate pre-registration nurse training. Efforts should be taken by the relevant parties to capitalise on this willingness.

6.1.6: Practice Development and/or Training Role

One respondent indicated that the LD Nurse employed within the organisation is a Management of Actual and Potential Aggression (MAPA) trainer.

A second somewhat larger Nursing Home provider reported there are accredited MAPA trainers and 6 staff who have completed MAPA training within the organisation. A programme is currently being developed to ensure MAPA training is rolled out in all Learning Disabilities settings within the organisation.

Another provider reported that one Registered LD Nurse contributed to the delivery of epilepsy awareness training for all staff.

Additional Comments

 a) **Nursing Homes**

- ➢ all staff are required to attend mandatory training annually and other training relevant to the needs of the residents in their care/future residents and for their own professional development portfolio
- ➢ all Nurses regardless of field of practice have dedicated time to contribute to training and practice development
- ➢ if a development need arises due to the needs of patients, Nurses would be facilitated to attend training.

 b) **Supported Living/residential**

- ➢ one respondent reported that the Association has a designated training and development department. The Training Manager ensures that all staff employed have all the mandatory training required.

6.1.7 Nurse Prescribing:

There were no reported LD Nurses on the non-medical prescribing register within the Independent/Voluntary sector**.**

7.0 Other Organisations

The scoping tool attached at Appendix 4 requested a range of information from Other organisations who employ LD Nurses. The following organisations submitted a completed scoping tool:

- ➢   Clinical Education Centre
- ➢   Public Health Agency /Health and Social Care Board

- ➢ Queens University Belfast
- ➢ Ulster University
- ➢ RQIA
- ➢ NIPEC

7.1 Findings

7.1.1 Funded establishment

Collectively the Other organisations employ 11 LD Nurses. Analysis of the information received suggests that the majority of posts within the Other organisations do not require the post holder to hold a Learning Disabilities qualification and are not specifically funded as such. Respondents, however reported they endeavour to reflect a workforce that is drawn from all fields of practice to meet the needs of the service. The respondent from the Other organisation who delivers the NMC pre-registration LD nursing p programmes reported that the programme lead/post holder is required to have Learning Disabilities nursing qualification thus ensuring appropriate "due regard".

7.1.2 Line management arrangements

A range of arrangements for line management of LD nurses in the Other organisations were reported.

> **Conclusion**
> Line management arrangements were reported for LD Nurses working in Other organisations

7.1.2 Professional supervision arrangements: Other organisation

Arrangements for professional supervision of LD Nurses working in Other settings were identified. In the main professional supervision is provided by another NMC registrant, only in limited cases is professional supervision provided by another professional who is not an NMC registrant.

> **Conclusion:**
> Arrangements for Professional supervision are in place, these are dependent on the setting where the Registered LD Nurse works.

7.1.3 Do the posts carry a requirement for an NMC Approved Specialist Qualification?

The responses indicate that in the majority of cases the identified posts within Other organisations do require additional professional qualifications related to the role.

7.1.4 Service development to recruit Registered LD Nurses in the future.

No immediate service development or plans to recruit registered LD Nurses was identified by the respondents. It was reported however that if there was an identified gap Other organisations would review their workforce plan accordingly.

> **Conclusion**
> It should be recognised these Other organisations play a key role in leading and supporting the LD Nursing profession throughout their careers. Posts within Other organisations were appropriately reported as being occupied by LD Nurses and only in exceptional circumstance should non-Learning Disabilities Nurses be appointed to such posts

8.0 Limitations

Every effort has been made to engage with organisations that employ LD Nurses across all sectors during the process of this review. This report provides a high level description of the LD nursing workforce in Northern Ireland. The findings are based on the information submitted and reflect a point/period in time when the scoping tools were completed i.e. April to September 2015. It is acknowledged that since then information regarding the LD nursing workforce data may have changed. Nevertheless a range of extremely helpful information regarding the demography of the LD nursing workforce has been collated. The review provides a snap shot of the designated roles this workforce are providing; it also provides insights into anticipated Learning Disabilities service developments in light of strategic/policy drivers. This information should help inform succession planning, commissioning of learning and development activities for the LD nursing workforce to meet the needs of patients/clients mindful of the range of new and emerging service models.

9.0 Conclusions

In total 625 LD Nurses were identified through this review. This contrasts with the information provided by the NMC (Number =788) There may be a range of reasons for this including:

> ➢ 788 LD Nurses are registered with the NMC with an address in Northern Ireland hold a dual qualification i.e. RGN or RMN (i.e. RN1 /RNMH). It would be reasonable to suggest that some of those Nurses are working in other fields of practice relevant to their dual qualification

> ➢ it may be that a number of LD Nurses registered with the NMC reside in Northern Ireland but work in the Republic of Ireland.

> ➢ there may be a number of retired LD Nurses who maintain their registration with the NMC but are not actively working/employed in any setting.

- There is a reported imminent retirement of LD Nurses from the HSC within the next 5 years. This requires immediate and robust action in regards to workforce planning including succession planning within the HSC.

- The reported imminent retirement of a significant number of senior LD Nurses working in specialist posts will also require robust succession planning.

- There may be scope to examine the potential for Nurses working in Social Care settings to be part of succession planning.

- A number of HSC Trusts are actively undertaking local work force reviews to inform succession planning. Others are undertaking work streams which aim to define the unique contribution of the LD Nurses and how the profession can work most effectively to deliver services to service users within a multidisciplinary team approach and agree operational and professional management arrangements.

- This scoping exercise has identified the 229 Band 3 Healthcare Support workers/Nursing assistants are - at the time of the review - included in the funded LD nursing establishment across 3 of the 5 HSC Trusts. Only 5 of these posts are in community services.

- The age range of the LD Nurses working in the Independent/Voluntary sector is concerning, in relation to their imminent exit from the service and how these posts will be filled in the future.

- There are difficulties in the Independent/Voluntary Sector in recruiting and retaining LD nursing

- A number of Independent Sector organisations who deliver services to clients with Learning Disabilities rely on LD Nurses who have either already retired from the HSC or hold two posts working between the HSC and Bank/Agency.

- On the basis of the findings of this scoping of the LD nursing workforce, it is apparent that the needs of people with learning disabilities are becoming more complex and in line with strategic direction, these needs are being addressed via a community based model rather than hospital based services. Trusts have indicated their intention to expand the Community LD nursing infrastructure and it would be important this intention is translated into action. The skills required of the LD Nurse who as a result of service modernisation will need access to a range of learning and development opportunities to acquire new, expanded and additional skills to effectively meet the needs of service users. Details of anticipated service development and future workforce learning and development needs are summarised at Appendix 5 and should inform education planning and commissioning.

Conclusions HSC Trusts

- Clear line management structures were reported for LD Nurses working across all HSC settings however, a number of Line Managers particularly within Community Care settings in both Adult and Children's services are not necessarily LD Nurses.

- Arrangements for professional supervision for LD Nurses employed in HSC Trusts are in place.

- A number of senior posts/positions Band 7 and above within HSC Trust Community Based services do not require post holders to have a Learning Disabilities Nurses registration. A certain number of these posts are currently held by LD Nurses, if these were to become vacant other professionals would be able to apply, this could impact on the visible Registered LD Nurse leadership contribution at a senior level.

- Given the information submitted through the review it is challenging to see a clear career pathway for those LD Nurses who aspire to middle to senior professional posts.

- There is support to move towards the development of a Post Registration Learning Career Framework/Pathway which clearly articulates the knowledge and skills required by Registered LD Nurses at all levels across all settings.

- The HSC is experiencing difficulties recruiting LD Nurses due to limited availability and in certain instances are taking steps to recruit from other fields of practice.

- There are significant anticipated service developments within Community Children's Learning Disabilities service. As with Adult services this has an impact on the skills required of those LD Nurses practicing within Children's services.

- Employers, education commissioners and providers of nursing education should be well positioned to make this happen for LD Nurses working in both Adult and Children services.

- A number of LD Nurses are working in service areas registered as social care settings. Concern was raised by some individuals that registration and regulation of these settings restricts a LD Nurses ability to practice the full range of nursing skills and this is an anxiety particularly in the context of revalidation.

- There is a concern that by not allowing LD Nurses to practice to the full capacity within social care settings causes avoidable cost to the wider health and social care system and arguable may not represent the most effective way of providing person centred care.

- The CNO has commissioned work in respect of LD Nurses working in Social Care settings. The outputs from this work should be utilised to maximise their nursing contribution within Social Care settings.

- Every effort should be made to ensure that LD Nurses working in supported living settings are enabled to utilise their skills and competencies as an LD Nurse and retain the title "Nurse".

- Not all posts requiring the skills and expertise of a LD Nurse reflect this in the job title therefore the unique contribution of the Nurse may not be clear.

- LD Nurses play a pivotal role in providing specialist advice and support to registrants working in other fields of practice in a range of care settings to enhance and ensure person centred care for people with learning disabilities.

- The potential of non-medical prescribing could be further exploited within both in Adult and Children's Learning Disabilities services.

- On the basis of service needed the HSC Trusts should explore the potential for skill mix via a designated Nursing Assistant/Nursing Support role within the delivery of the Community Learning Disabilities Nursing Teams and/or Integrated Community Teams. NIPEC has undertaken work in respect of this

role. The outputs from this work should be utilised to maximise the skill mix potential within Learning Disabilities Community services.

Conclusions: Independent /Voluntary Sector

- Line management arrangements were reported of LD Nurses working in the Independent /Voluntary Sector.

- Arrangements for professional supervision are clear within Nursing Home settings. Within Supported Living /Residential settings arrangements are less clear and appeared more akin to line management arrangement.

- The Independent Sector are heavily reliant on Registered LD Nurses who have either already retired from the HSCNI or hold two posts working between the HSC and Bank/Agency.

- Registered LD Nurses employed in the Independent Sector require the necessary skills and competencies to meet the increasingly more complex needs of the patients living within these settings including palliative care.

- Practice placement opportunities for pre-registration Learning Disabilities student nurses within the Independent sector are not exploited to their full potential.

Conclusions Other Organisations

- Line management arrangements were reported for LD Nurses working in Other organisations.

- Arrangements for Professional supervision are in place and are dependent of the setting where the LD Nurse works.

- A LD Nursing qualification is not always a requirement of a number of posts within the Other organisations however, in the main identified posts within Other organisations do require an additional professional qualification related to the role.

- Other organisations play a key role in leading and supporting the LD nursing profession throughout their careers. Posts within Other organisations were appropriately reported as being occupied by LD Nurses and only in exceptional circumstances should non-Learning Disabilities Nurses be appointed to such posts

Northern Ireland: ACTION PLAN

STRENGTHENING CAPACITY This section of the action plan addresses some of the key considerations underpinning efforts to strengthen capacity through developing the learning disabilities nursing workforce in relation to location and employment; strategic workforce planning; new ways of working; new roles and career choices.

Recommendations from National Report: Strengthening the Commitment

. 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.

2. 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.

3. 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.

4. 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.

The following actions will be taken in Northern Ireland to support these national recommendations

A Northern Ireland Learning Disabilities Nursing Collaborative will be established which will:
- Produce a workforce review/plan for registered nurses - learning disabilities in Northern Ireland that will consider all sectors and locations where these nurses work and will include nursing support staff.
- As part of this work, a data set, identifying the location of employment of registered nurses - learning disabilities in N. Ireland will be developed and will help inform decision making in a number of different contexts and levels such as:
    - succession planning
    - appropriate staffing levels/skill mix
    - pre-registration nursing programme recruitment
- Identify the need for and support the development of extended specialist and advanced roles for registered nurses - learning disabilities, to ensure an expert skills base is available and responsive to the current and emerging needs of people with learning disabilities.
- As a consequence of the Transforming Your Care agenda, it will be a priority to examine the community nursing infrastructure to assess the level and type of nursing support available to people with a learning disability in a range of community settings.
- Other priority areas in this regard include: acute liaison, challenging behaviour, mental health, epilepsy, forensic care, crisis support, psychological and physical health needs/interventions.

Taken from: Department of Health, Social Services and Public Safety (2014) Modernising Learning Disabilities Nursing Review Strengthening the Commitment Northern Ireland Action Plan

Appendix 2

HSC TRUST
Learning Disabilities Nursing
Workforce Scoping Tool

Please indicate which HSC Trust you are from:

Date of completion

Compiled by:
Name:
Position Held:

Learning Disabilities Nursing
Please provide information of the total funded Learning Disabilities Nurse staffing establishment within your Trust.

There are 2 sections in this Scoping Tool.
Section 1 : aims to gather data relating to Adult Learning Disabilities Nursing services
Section 2: aims to gather data relating to Children's Learning Disabilities Nursing services

If *you have nursing staff who are employed in your Trust to meet the needs of adult patients/clients with a Learning Disability that are not registered Learning Disabilities nurses, but have a registration from another field of practice (e.g. Adult, Mental Health or Children) please respond in question 6*

Section 1: Adult Services
1 Adult: Hospital Staffing Establishment

Job Title	Band	Funded establishment	Headcount	WTE	Comments
Lead Nurse/clinical manager	8b				
Lead Nurse/clinical manager	8a				
Ward Sister /Charge Nurse	7				
Deputy WS/CN	6				
Staff Nurse	5				
other					
HCSW /Nursing support worker /Band	3				
HCSW /Nursing support worker /Band	2				
Comments					

1a. Line Management Arrangements

Please describe line management arrangements for learning Disabilities Nurses working in the Hospital setting.

1 b. Professional Supervision Arrangements

Please outline professional supervision arrangements of Learning Disabilities Nurses within the Hospital setting

1c. Service Development

Please detail proposed developments within Learning Disabilities services and anticipated future Learning Disabilities Nursing workforce needs

2. Adult: Community Nurse part of Statutory Trust Team for example integrated care team for adult Learning Disabilities Services

Job Title	Band	Funded establishment	Head Count	WTE	Additional Community Learning Disabilities Qualification yes/no
Lead Nurse/clinical manager * please specify	8b				
Lead Nurse/clinical manager* please specify	8a				
Community Learning Disabilities Team Leader	7				
Community learning Disabilities Sister/Charge Nurse	6				
Community learning Disabilities Nurse Staff Nurse	5				
Community learning Disabilities HCSW /Nursing support worker /Band	3				
Community learning Disabilities HCSW /Nursing support worker /Band	2				
Comments					

2a. Line Management Arrangements

Please describe line management arrangements for learning Disabilities Nurses working as a Community Nurse as part of Statutory Trust Team.

2 b Professional Supervision Arrangements

Please outline professional supervision arrangements of Learning Disabilities Nurses working as a Community Nurse as part of Statutory Trust Team.

2 c Service Development

Please detail proposed developments within Community Learning Disabilities services and anticipated future LD Nursing workforce needs

3. Adult: Residential Settings

Job Title Please specify below	Band	Funded establishment	Head Count	WTE	Comments
HCSW /Nursing support worker /Band	3				
HCSW /Nursing support worker /Band	2				

3 a. Line Management Arrangements

Please describe line management arrangements for Learning Disabilities Nurses working in Adult Residential Supported Living settings.

3 b. Professional Supervision Arrangements

Please outline professional supervision arrangements of Learning Disabilities Nurses working in Adult Residential Supported Living settings.

3c.Service Development

Please detail proposed developments within Learning Disabilities services and anticipated future Learning Disabilities Nursing workforce needs

4. Adult: Supported Living Settings

Job Title Please specify below	Band	Funded establishment	Head Count	WTE	Comments
HCSW /Nursing support worker /Band excluding Social care assistants	**3**				
HCSW /Nursing support worker /Band excluding Social care assistants	**2**				
Additional Comments:					

4 a. Line Management Arrangements

Please describe line management arrangements for Learning Disabilities Nurses working in Supported Living settings.

4 b Professional Supervision Arrangements

Please outline professional supervision arrangements of Learning Disabilities Nurses working in Adult Supported living settings.

4 c .Service Development

Please detail proposed developments within Learning Disabilities services and anticipated future Learning Disabilities Nursing workforce needs within adult Supported living settings

5 Adult: Day Care

Job Title Please specify below	Band	Funded establishment	Head count	WTE	Comments
HCSW /Nursing support worker /Band excluding Social care assistants	**3**				
HCSW /Nursing support worker /Band excluding Social care assistants	**2**				
Additional Comments					

5 a Line Management Arrangements

Please describe line management arrangements for Learning Disabilities Nurses working in a Day Care setting.

5 b Professional Supervision Arrangements

Please outline professional supervision arrangements of Learning Disabilities Nurses working in a Day Care setting.

5 c Service Development

Please detail proposed developments within Day Care Learning Disabilities services and anticipated future Learning Disabilities Nursing workforce needs

Adult: Total number of Learning Disabilities nurses within the identified age ranges

Age Ranges								
<25	26-29	30-34	35-39	40-44	45-49	50-54	55-59	60+

6. Total number of nursing staff who are employed in your learning Disabilities Trust service with a nursing registration/qualification from another field of practice to meet the needs of Adult Learning Disabilities patients/clients.

Field of Practice	Number	Title *please specify & include all posts between Band 5 - Band 8B*
Registered Nurse- Mental		
Registered Nurse -Adult		
Registered Nurse- Children's		

***7. Designated* Learning Disabilities Nursing Roles**
Please provide information regarding Designated Learning Disabilities Roles within your Adult Learning Disabilities Services

Role	Band	Funded establishment	Head count	Service area/Setting	Qualification
Behaviour Nurse *Specialist*					
Health Facilitator					
Epilepsy Nurse *Specialist*					
Forensic Nurse					
other					
Additional Comments					

8. Practice Development and or Training Role

Do any of the Learning Disabilities nurses have dedicated time to contribute to training/practice, for example MAPA.

9. Nurse Prescribing

How many Learning Disabilities Nurses are on your organisation's Prescribing Register?	
Additional Comments	

10. Nurse Prescribing

How many adult learning Disabilities Nurses in your organisation are actively Prescribing?	

11. Other funded nursing roles not captured already

If there are any areas not captured in their questionnaire can you please provide relevant information in the box below:
Comments

Date of completion.............................. Compiled by .... Signed .... **Professional Lead**

Section 2 Children's Learning Disabilities Nursing Services:

If you have nursing staff who are employed in your Trust to meet the needs of children with a Learning Disability that are not registered Learning Disabilities nurses, but have a registration from another field of practice (e.g. Adult, Mental Health or Children) please respond in question 6

Children's Services
1 Children's: Hospital Funded staffing establishment

Job Title	Band	Funded establishment	Head count	WTE	Comment
please specify	8b				
please specify	8a				
Ward Sister /Charge Nurse	7				
Deputy WS/CN	6				
Staff Nurse	5				
HCSW /Nursing support worker	3				
HCSW /Nursing support worker	2				
Additional Comments					

1 a Line Management Arrangements

Please describe line management arrangements for Learning Disabilities Nurses working in Hospital Children's Services

1 b Professional Supervision Arrangements

Please outline professional supervision arrangements of Learning Disabilities Nurses working in Hospital Children's Services

1 c Service Development

Please detail proposed developments within Hospital Children's Services LD services and anticipated future Learning Disabilities Nursing workforce needs

2. Children's: Community Nurse as part of Statutory Trust Team, for example, integrated care team for LD services

Job Title	Band	Funded Establishment	Head Count	WTE	Additional Community Learning Disabilities Qualification yes/no
please specify	8b				
please specify	8a				
Community Learning Disabilities Team Leader	7				
Community learning Disabilities Sister/Charge Nurse	6				
Community learning Disabilities Nurse Staff Nurse	5				
other please specify					
Community learning Disabilities HCSW /Nursing support worker /Band	3				
Community learning Disabilities HCSW /Nursing support worker /Band	2				
Additional Comments					

2a Line Management Arrangements

Please describe line management arrangements for Learning Disabilities Nurses working in Children's Community Nurse services as part of Statutory Trust Team

2b Professional Supervision Arrangements

Please outline professional supervision arrangements of Learning Disabilities Nurses working in Children's Community Nurse services as part of Statutory Trust Team

2c Service Development

Please detail proposed developments within Children's Community Nurse services and anticipated future Learning Disabilities Nursing workforce needs

3 Children's: Residential Living

Job Title *Please specify*	Band	Funded establishment	WTE	Head count	Comments
Additional Comments					

3a. Line Management Arrangements

Please describe line management arrangements for Learning Disabilities Nurses working in Children's Residential Living settings**.**

3b.Professional Supervision Arrangements

Please outline professional supervision arrangements of Learning Disabilities Nurses working in Children's Residential living settings**.**

3c. Service Development

Please detail proposed developments within Children's Residential living settings and anticipated future Learning Disabilities Nursing workforce needs.

4. Children's: Supported Living

Job Title *Please specify*	Band	Funded establishment	WTE	Head count	Comments
Additional Comments					

4a. Line Management Arrangements

Please describe line management arrangements for Learning Disabilities Nurses working in Children's supported living settings**.**

4b.Professional Supervision Arrangements

Please outline professional supervision arrangements of Learning Disabilities Nurses working in Children's supported living settings**.**

4c. Service Development

Please detail proposed developments within Children's supported living settings and anticipated future Learning Disabilities Nursing workforce needs.

5. Children's: Special School

Job Title	Band	Funded establishment	WTE	Head count	Comments
Please specify					
Additional Comments					

5a Line Management Arrangements

Please describe line management arrangements for Learning Disabilities Nurses working in Children's Special Schools

5b Professional Supervision Arrangements

Please outline line professional supervision arrangements for Learning Disabilities Nurses working in Children's Special Schools

5c Service Development

Please detail proposed developments within LD Children's Special Schools services and anticipated future Learning Disabilities Nursing workforce needs

Total number of Children's Learning Disabilities Nurses within the identified age ranges

Age Ranges								
<25	26-29	30-34	35-39	40-44	45-49	50-54	55-59	60+

6. Total number of nursing staff who are employed in your Children's Learning Disabilities nursing service with a nursing registration/qualification from another field of practice to meet the needs of Children with Learning Disabilities.

Field of Practice	Number & Band	Title *please specify & include all posts between Band 5- Band 8B*
Registered Mental Nurse		
Registered Adult Nurse		
Registered Children's Nurse		

7. Designated Learning Disabilities Nursing Roles

Detail the number of Children Learning Disabilities Nursing roles within your Trust or Learning Disabilities Nurses who work in designated roles

Role	Band	Funded establishment	Head count	Service area/Setting
Behaviour Nurse *Specialist*				
Health Facilitator				
Epilepsy Nurse *Specialist*				
Forensic Nurse				
other				
Additional Comments				

8. Practice Development and or Training Role

Do any of the Children's Learning Disabilities nurses have dedicated time to contribute to training/practice development for example MAPA

9. Nurse Prescribing

How many children's Learning Disabilities Nurses are on your organisation's Prescribing Register?	Number
How many children's learning Disabilities Nurses in your organisation are actively Prescribing?	

10 Other funded nursing roles not captured already

If there are any areas not captured in their questionnaire can you please provide relevant information in the box below:
Comments

Date of completion.............................
Compiled by ....
Signed .... Professional Lead

**Independent Voluntary Sector
Learning Disabilities Nursing
Workforce Scoping Tool**

Please indicate which organisation you are from:

Date of completion

Compiled by:

Name: **Position Held:**

Learning Disabilities Workforce Nursing Scoping Tool

Please provide information of the total funded Learning Disabilities nurse staffing establishment within your organisation.

If you have nursing staff who are employed to meet the needs of Learning Disabilities clients in your organisation are not registered Learning Disabilities nurses, but have a registration from another field of practice (e.g. Adult, Mental Health or Children) please detail in Question 6.

1. Staffing Establishment

Job Title	Funded establishment	Head count
Home Manager/s		
Deputy Manager/s		
Sister/Charge Nurse/s		
Clinical Lead Nurse/s		
Staff Nurse >2years		
Staff Nurse <2years		
HCSW /Nursing support worker		

2. Line Management Arrangements

Please describe line management arrangements for Learning Disabilities Nurses. **We are particularly keen to understand line management arrangements for Learning Disabilities Nurses who are not operationally managed by a Nurse.**

3. Professional Supervision Arrangements

Please outline professional supervision arrangements of Learning Disabilities Nurses within your organisation.

4. Service Development

Please detail proposed developments within Learning Disabilities services within your organisation and anticipated future Learning Disabilities Nursing workforce needs

5. Total number of Learning Disabilities Nurses within the identified age ranges

Age Ranges								
≥25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60+

6. Total number of nursing staff who are employed in your organisation with a nursing registration/qualification from another field of practice to meet the needs of clients with a Learning Disability.

Field of Practice	Number	Title *please specify & include all posts between Band 5- Band 8B*
Registered Nurse- Mental		
Registered Nurse -Adult		
Registered Nurse- Children's		

7. "Specialist" Learning Disabilities Nursing Roles
Detail the *"specialist"* Learning Disabilities Nursing roles within your organisation or Learning Disabilities Nurses who work in specialist areas: we have suggested some examples but there may be others

Role	Number	Service area/Setting
Behaviour Nurse *Specialist*		
Health Facilitator		
Epilepsy Nurse *Specialist*		
Forensic Nurse		
other		

8. Practice Development

Do any of the Learning Disabilities nurses have dedicated time to contribute to training/practice development for example MAPA

9. Nurse Prescribing

How many Learning Disabilities Nurses are on your organisation's Prescribing Register?	

How many learning Disabilities Nurses in your organisation are actively Prescribing?	

Signed………………………………….

**Independent Voluntary Sector
Learning Disabilities Nursing
Workforce Scoping Tool**

Please indicate which organisation you are from:

Date of completion

Compiled by:

Name:
Position Held:

Learning Disabilities Workforce Nursing Scoping Tool

Please provide information of the total funded Learning Disabilities nurse staffing establishment within your organisation.

If you have nursing staff who are employed to meet the needs of Learning Disabilities clients in your organisation are not registered Learning Disabilities nurses, but have a registration from another field of practice (e.g. Adult, Mental Health or Children) please detail in Question 6.

1. Staffing Establishment

Job Title	Funded establishment	Head count
Home Manager/s		
Deputy Manager/s		
Sister/Charge Nurse/s		
Clinical Lead Nurse/s		
Staff Nurse >2years		
Staff Nurse <2years		
HCSW /Nursing support worker		

2. Line Management Arrangements

Please describe line management arrangements for Learning Disabilities Nurses. **We are particularly keen to understand line management arrangements for Learning Disabilities Nurses who are not operationally managed by a Nurse.**

3. Professional Supervision Arrangements

Please outline professional supervision arrangements of Learning Disabilities Nurses within your organisation.

4. Service Development

Please detail proposed developments within Learning Disabilities services within your organisation and anticipated future Learning Disabilities Nursing workforce needs

5. Total number of Learning Disabilities Nurses within the identified age ranges

Age Ranges								
≥25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60+

6. Total number of nursing staff who are employed in your organisation with a nursing registration/qualification from another field of practice to meet the needs of clients with a Learning Disability.

Field of Practice	Number	Title *please specify & include all posts between Band 5- Band 8B*
Registered Nurse- Mental		
Registered Nurse -Adult		
Registered Nurse- Children's		

7. "Specialist" **Learning Disabilities Nursing Roles**

Detail the *"specialist"* **Learning Disabilities Nursing roles within your organisation or Learning Disabilities Nurses who work in specialist areas: we have suggested some examples but there may be others**

Role	Number	Service area/Setting
Behaviour Nurse *Specialist*		
Health Facilitator		
Epilepsy Nurse *Specialist*		
Forensic Nurse		
other		

8. Practice Development

Do any of the Learning Disabilities nurses have dedicated time to contribute to training/practice development for example MAPA

9. Nurse Prescribing

How many Learning Disabilities Nurses are on your organisation's Prescribing Register?	

How many learning Disabilities Nurses in your organisation are actively Prescribing?	

Signed………………………………….

Summary Anticipated Service Development and future LD Nursing workforce needs

As a result of service modernisation Learning Disabilities Nurses will need access to a range of learning and development opportunities to acquire new and additional skills to effectively meet the needs of service users within a range of new and emerging service models.   A range of learning and development needs were identified during the course of this review which will require commissioning of educational programmes including Specialist Practice programmes, short course and standalone modules and individual study days including:

- knowledge, skills and competencies to effectively work across the lifespan including traditional nursing procedures such as enteral feeding, catheterisation and medicines management

- development of skills to meet the needs of service users with more complex physical and mental health care needs, both in hospital based services and across a range of community based settings including: forensic health care, mental health, addictions and palliative care

- skills and expertise to provide improved therapeutic interventions such as intensive home treatment/crisis response, facilitation of early discharge.

- development of additional specialist nursing roles including epilepsy and behaviour management PBS, DBT

- skills and knowledge to meet the health improvement/promotion needs of learning disabilities clients
- management of challenging behaviours and related evidence based therapeutic interventions

- Additional specific to Children's Learning Disabilities Services:

  - behaviour therapy,
  - family therapy sensory integration
  - intensive support and home treatment,
  - independent prescribing

For further Information, please contact

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