



The
Queen's
Nursing
Institute

Community Nursing Innovation Programme Learning Disability Final Reports Summary 2022



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'Nurse-led projects are one of the most direct ways in which the QNI helps nurses improve patient care. The QNI has funded over 300 innovative projects across the whole range of community nursing specialties.'

Nurse-led projects are one of the most direct ways in which the Queen's Nursing Institute (QNI) helps nurses improve patient care. Since 1990 the QNI has funded over 300 innovative projects across the whole range of community nursing specialties. Sharing the results of these projects helps us to drive improvements in knowledge and practice. Often, these funded projects become part of mainstream services.

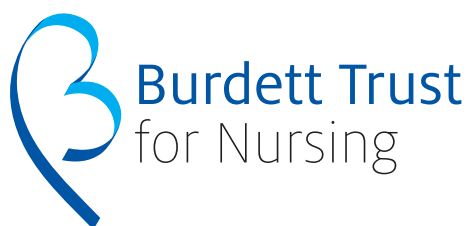
In 2020, a cohort of 10 new Learning Disability innovation projects commenced their programme. The projects were supported as part of the QNI's Fund for Innovation programme, thanks to a major grant from the Burdett Trust for Nursing. Each of the nurse-led projects benefited from funding of up to £5000 and a year-long programme of professional development from the QNI.

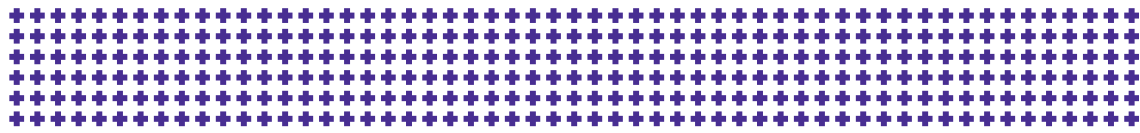
The projects were originally selected at the start of 2020 and were due to join their first workshop in London just as the pandemic broke. The QNI postponed the projects until the recovery phase of the pandemic and decided to take the learning online.

The projects were based across England including Bournemouth, Guildford, Aylesbury, Birmingham, Bolton, Bury, the Wirral, Huddersfield and Halifax.

Two projects 'Well-being For Me' by Liz Blackham and Dave Pickard and 'Annual Health Checks' by Benjamin Sillence were delayed due to illness and redeployment.

With thanks to





Managing an Unsafe Swallow



Project team
Gerard Wainwright, Registered Manager, West Yorkshire

How many people/clients/carers were beneficiaries of the project?
971 video views plus shown to 25 groups of people

- Overall aim**
- To have a dedicated campaign aimed at clients and frontline staff in St Anne’s Community Services
 - To increase the understanding of what an unsafe swallow is and how it can increase the risk of developing aspiration pneumonia
 - To improve the knowledge of staff supporting people who have a Learning Disability and an unsafe swallow and provide accessible resources to enable them to reduce risks which could lead to developing aspiration pneumonia.
 - To recognise the signs and symptoms of aspiration pneumonia and take prompt action if they occur
 - To include people with a Learning Disability in the planning, delivery and review of the project.

Brief summary
Since the project began, following a delay due to the onset of the covid pandemic and the subsequent impact on all our working and personal lives, there were undoubtedly positive benefits to adopting remote ways of working. This has provided an opportunity to reach a wider number of people, which can be demonstrated in the views to date of the introductory video to the unsafe swallow project https://youtu.be/q_efMcAdRLY (300 views of the video by end of 2021).

'The project has been an incredible development opportunity. It has provided a focus during the more challenging times of the pandemic, given me hope and optimism and something to strive towards.'

Key outcomes

The training videos and workbook are now completed. These evolved from the webinar training, as although this was a more effective way of working with services, it required small groups of 6-8 to attend sessions from larger teams of 20+, and the webinar was divided into two sessions to suit the time available. Consequently, in a short period of time there were 20 webinar sessions to organise; this was not sustainable in terms of my current role as a registered manager of a busy service. The training videos were subsequently developed as an alternative with a workbook to assess learning. These were completed in line with the Accessible Communication Standard <https://www.england.nhs.uk/ourwork/accessibleinfo/>.

The project was created in response to the health inequalities that many people with learning disabilities face, and the significant risks related to an unsafe swallow and aspiration pneumonia, accounting for over 40% of deaths in people with learning disabilities compared to 16-18% in the general population. This aspect of the training is, I feel, most relevant to carers, family members and people with learning disabilities, <https://www.mencap.org.uk/learning-disability-explained/research-and-statistics/health/health-inequalities>. It is only by recognising the problem that we can go on to address it and this is what the training aims to do. In developing videos from the webinars, I was mindful that they should be short, to hold the viewers' attention and focus on six key areas –

Video 1 - Health Inequalities <https://youtu.be/2DC7JC6WZd4>

Video 2 – What is an Unsafe Swallow <https://youtu.be/AN5MQmR8PvE>

Video 3 – Signs to Look Out For <https://youtu.be/iYJFNyVC2tQ>

Video 4 – How to Manage an Unsafe Swallow <https://youtu.be/PLGUu5OkHH4>

Video 5 – Modified Diets <https://youtu.be/ShIP3NslqWU>

Video 6 – Aspiration risks when PEG fed <https://youtu.be/VV7F-nUAWTY>

Gerard's YouTube channel: https://www.youtube.com/channel/UC_MtsrqM6L7GR5TSJV2FXpg

Any unintended consequences

This led to a side project using funding from the QNI Innovation Award to commission a Postural Care Project from Simple Stuff Works <https://www.simplestuffworks.com/> in collaboration with Born at the Right Time <https://www.bornattherighttime.com/>, in the form of a series of training resources and webinars.

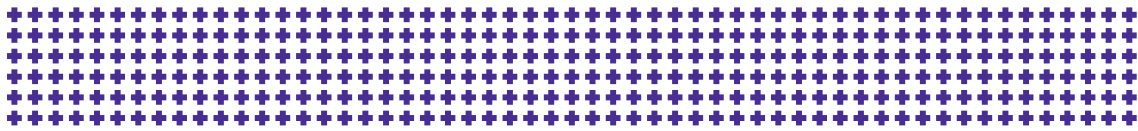
Challenges

Delays due to Covid-19.

Positive benefits personally and professionally

On a personal note, the project has been an incredible development opportunity. It has provided a focus during the more challenging times of the pandemic, given me hope and optimism and something to strive towards. The ongoing feedback, throughout the process, from the QNI webinars, an external consultant contributor who took an active interest in the project and promoted it through her own networks, colleagues who were involved in the project both directly and indirectly and those who the webinars and video resources were delivered to and in particular an individual from our client self-advocacy group who has been a constant source of encouragement and inspiration. I have gained confidence in my ability to develop and deliver a range of health promotion resources, and to lead on a variety of projects which I have felt passionately about and which I hope I have been able to encourage others to be a part of.

Ultimately, it has formed part of a wider journey in my own professional development. It has made me realise that health promotion is the aspect of my work I feel most enthused about, and after twenty-eight years of working for the same organisation I was successful in gaining a post with the NHS as an Advanced Nurse Practitioner for People with a Learning Disability – the first of its kind in the region. The initial remit of the post is to work pro-actively in reducing



emergency hospital admissions for people with a Learning Disability and bridge the gap between health and social care (essentially the same objectives as this project and one which I am determined to take forward).

The postural care video resources are being adopted by my new employer and used as an introductory resource for first year Learning Disability student nurses at the University of Huddersfield. There is a refresher date set in September for the Postural Care Project, to share best practice in terms of the impact the resources have had in services and the positive effect on the lives of people with profound and multiple learning disabilities (PMLD) we support. The PMLD Network, will continue and hopefully build on what has been achieved so far, the network includes leading experts in the field and we have representatives from Scotland, Devon and throughout the UK It is hoped that we can open things up further and broaden our membership overseas.

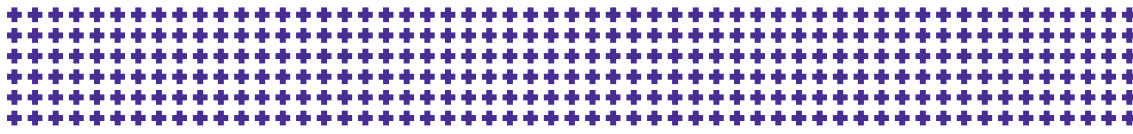
Outstanding achievements

To bring these elements together and identify other related projects a working group was established within St Anne's Community Services focusing on the Profound and Multiple Learning Disability (PMLD) Core & Essential Standards <https://www.pmlmlink.org.uk/wp-content/uploads/2017/11/Standards-PMLD-h-web.pdf>. The group meets on a monthly basis and is made up of a range of people from the organisation, including one of our directors who provides senior oversight, nurses, frontline staff, a learning and development advisor and others who work in services supporting people with profound and multiple learning disabilities. We've taken a case study approach and have submitted these to the PMLD Link <https://www.pmlmlink.org.uk/> who have published articles giving examples of best practice in our services related to communication of people who are non-linguistic, identifying autistic spectrum condition in someone with PMLD, reducing aspiration risk and home schooling during the pandemic. We are also developing sensory stories which we are using to support communication with people with profound and multiple learning disabilities and accessible walks for people in adapted wheelchairs to access green spaces.

This has ultimately led to setting up the PMLD Network which includes a range of professionals, including Speech and Language Therapy, physiotherapy, nurses, parents, and carers. This approach promotes diversity of thought, sharing best practice and is an effective way to network with colleagues across a range of services and locations as well as to inspire, motivate and learn from one another.

What did the QNI do well to support you?

The QNI Workshops.



Reducing Anxiety and Improving Appointments for People with a Learning Disability in Primary Care



Project team
Maggie Bean QN, Primary Care Matron, East Riding of Yorkshire

How many people/clients/carers were beneficiaries of the project?
A total of 111 clients with a learning disability from two GP practices, included 19 clients from one residential care home (plus all staff)

Overall aim

- The aim of this project was to increase the quality of productive time undertaking Annual Learning Disability Health Checks within our GP Practices.
- To achieve this, we aimed to reduce “anxiety and stress levels” for those attending the practice by providing additional forms of stimuli through the introduction of “Sensory /Fidget bags” in our GP waiting areas.
- In addition, for carers who are accompanying service users, this may allow more time for the service user to focus on any specific questions they want to ask.

Brief summary
Appointment times for Learning Disability (LD) Reviews can be stressful and poorly utilised due to increased levels of stress and anxiety experienced by service users attending a GP practice.

To address this issue, this project aims to:

- Increase the productivity within Annual Learning Disability reviews, by providing service users who have a Learning

'I believe this project has enhanced my leadership skills by allowing me to reflect on my style of leadership, which has improved my self-awareness of my role as a leader /influencer.'

Disability with additional forms of stimuli to reduce any levels of stress and anxiety they may experience in GP waiting rooms, so individuals /carers have time to focus on any specific questions they may want to ask.

- Increase the percentage of Annual Learning Disability Reviews within two Bridlington GP practices.

Using the Model for Improvement: Plan, Do, Study, Act cycles as Trust methodology, this project aims to co-design the installation of a range of stimuli to reduce anxiety and stress in GP waiting rooms – utilising kit bags of visual, colourful, and tactile sensory / fidget objects. Also ensuring that appointment times for Annual Learning Disability Reviews are scheduled at the start or end of a clinic, when waiting rooms are less busy.

Key outcomes

- To reduced anxiety levels of service users attending GP practices for an Annual Learning Disability Review, by providing kit bags of visual, and tactile sensory /fidget objects to be accessible within waiting areas
- To co-produce a questionnaire to be implemented for Annual Learning Disability Review to obtain feedback and to ascertain any decrease, in their levels of anxiety through the implementation of Sensory/Fidget bags being available in GP waiting rooms
- To Increase the percentage of Annual Learning Disability Reviews of service users on LD Registers with two Humber NHS FT GP practices in the Bridlington area.

Any unintended consequences

- Implementation of Accurx to perform video consultation for Learning Disability Annual Reviews within patients' homes
- Supply of Core observation kits to all Residential Homes by the CCG and PCN within Bridlington
- More cohesive team working with the Community Learning Disability team, Primary Care Network, Clinical Commissioning Group
- Sensory /Fidget bags can be used by children to reduce anxiety within GP waiting rooms when attending for immunisations
- Carers in Residential Homes have now been trained to undertake core observations
- Two service users with a learning disability have become Patient Champions within Field House Surgery
- A 'Sign of the Month' is now displayed within our health promotion board within Field House Surgery to increase patient awareness towards the use of sign language.

Challenges

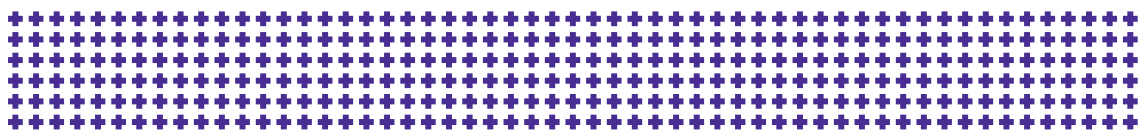
The challenge in delivering this project has been immense, due to the unforeseen onset of the Covid 19 pandemic three months after the project commenced.

Primary Care quickly moved to the introduction of digital platforms, staff were being redeployed or required to work from home, restriction were put in place with regards to reducing capacity of delivering face to face appointment within GP Surgeries. Despite video consultation becoming successfully implemented when undertaking Annual Learning Disability Reviews, it is important to ensure virtual reviews are fully supported with a carer or advocate in attendance who knows the patient, and therefore understands their baseline condition and presentation.

As the named leader of this project, I was also deployed to set up Covid vaccination clinics for PCNs over a 3-month period. Furthermore, the Co-lead for this project was deployed to undertake a Service Managers role. For these reasons, not all of the project outcomes can be evaluated within the established time frame.

Positive benefits personally and professionally

I believe this project has enhanced my leadership skills by allowing me to reflect on my style of leadership, which has improved my self-awareness of my role as a leader /influencer.



Leadership is a shared responsibility and exists at all levels within a project team. It has allowed me to recognize colleagues' passions and concerns, to seek and actively listen to their different views and encourage colleagues to own their ideas and initiatives. Good leadership is not just about being the best, but it is about influencing each other and involves working together towards a shared aim. Furthermore, it has shown my resilience throughout this project when faced with adapting to change and maintaining my motivation and commitment throughout the project.

Outstanding achievements

- The increased uptake of Annual Learning Disability Reviews and moving to a digital platform to continue to undertake Annual Learning Disability Reviews via video consultation during the Covid 19 pandemic
- Implementation by both the CCG and PCNs to include Learning Disability Homes in the deployment of core observation equipment to all residential care homes
- Meeting with the CCG Neurodiversity Commissioning Programme Manager to look at establishing Learning Disability Specialists within all PCNs across Hull and East Riding of Yorkshire
- Use of a standard template (Ardens) across all GP practices for recording data and to improve the robustness of GP Learning Disability registers
- Linking in with Community Learning Disability Teams to provide a Healthcare Support Worker who can undertake phlebotomy and provide a programme of desensitisation to support GP practices
- For all Learning Disability homes (including carers at home/family members) to be able to access training for basic observation and video consultation via Accuxr.

What did the QNI do well to support you?

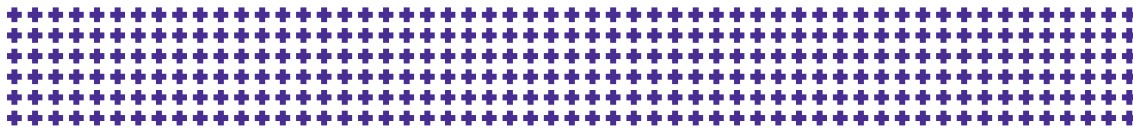
- Maintained my focus throughout this project.
- Provided Support and Financial backing from the Charity to deliver a quality improvement initiative for service users with a Learning Disability to achieve social inclusion in General Practice.

What can the QNI do to improve its support?

- In the future to provide, workplace/ mentoring and shadowing opportunities, for QN project leaders.
- To establish a QNI 'Buddying System' for Project Leaders undertaking similar projects.

What advice would you offer future nurse project leads?

- Establish a contract to gain the full commitment/sign up from others
- Have a relentless belief in your mission to achieve your goal
- Establish a clearly defined course of action to build up your resilience as a leader
- Recognise reality, evaluate, be flexible and adapt
- Identify your assets, assess possible outcomes (long- and short-term), then choose and communicate verbally to others and act
- Keep it simple
- Create motivation, overcome mind set of failure
- Small gains lead to bigger successes.



Co-production of a Health Passport for Children and Young People with a Learning Disability that Enhances Communication and Access to Services.



Project lead

Tracey Hartley-Smith, Clinical Lead for CAMHS Learning Disability Service, Wirral.

How many people/clients/carers were beneficiaries of the project?

We have now produced 1000 passports, more than the original 500. These have been shared widely across Wirral with help from local special school nurses and parent carer organisations. Individual and personalised support has been offered to many families since the launch of the passport, to help them understand how it can benefit their child, enhance communication and access to services. Practical support has also been given to help families complete the passport.

Overall aim

- To improve health outcomes for children and young people with a Learning Disability in Wirral
- To create a health passport for children and young people with a Learning Disability that enhances communication and access to services
- To increase awareness of the co-produced health passport in Wirral

Brief summary

- Scoping of national guidance, good practice and current available health passports
- To establish a working group with parent carer participation, children and young people (CYP) representation, Learning Disability liaison nurse
- To develop a co-produced health passport for children with a Learning Disability in Wirral
- To raise awareness and use of this child focussed and local health passport amongst families of CYP with a Learning

'There is a lot of interest nationally in the passport and other regions have asked to see a copy and for information on the costs in order to develop something similar in their region.'

Disability and health professionals.

Key outcomes

- To develop a Children and Young People's health passport for Wirral that was genuinely coproduced with young people representatives and parents and carers
- For use of the passport to be embedded locally.
- Launch of co-produced health passport occurred on Monday 29th November 2021 at an informal coffee morning where parent/ carers or professionals could drop in and collect a copy. We arranged for services/organisations to have a stall to help share the amazing work they do, in attendance were: The Local Offer, The Positivitree, Crea8ing Careers, Healthwatch Wirral, Wirral Mencap and the Community Learning Disability Team. <https://localofferwirral.org/health-passport-launch/>
- There are already Health Passports available nationally; here in Wirral we reviewed the currently available hospital passports. We found there was a need for local information, local links and a passport specifically designed for children and young people.
- This Passport has been designed for use with children and young people with additional needs in hospital but can be used for other people and other situations.
- Fully co-produced by professionals, parent/carers and young people, this has been an amazing opportunity for collaborative working and positive outcomes.
- I found this a very beneficial project for me to be involved in, listening to different views, opinions and experiences of others.

Any unintended consequences

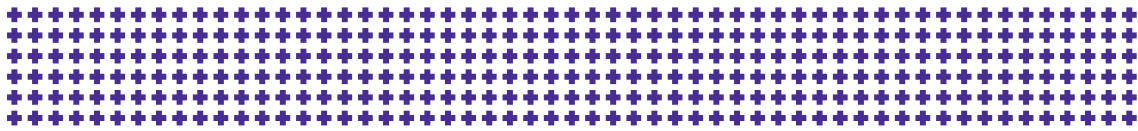
It was recognised that many parents of children with additional needs would benefit from a children and young people's health passport, not just the parents of children and young people with learning disabilities.

If a parent or carer thinks the passport will be helpful for their child, then they should have access to it. We decided therefore to make the passport available widely across Wirral, to any parents, carers or young people that would benefit from a health passport that aids communication and facilitates reasonable adjustments in health appointments and treatment.

There is a lot of interest nationally in the passport and other regions have asked to see a copy and for information on the costs in order to develop something similar in their region.

Challenges

- Challenges in terms of my capacity and the capacity of my project partner – increased crisis and risk work needed
- The Learning Disability Liaison Nurse at the Acute Trust leaving her post. Her support had been invaluable and she was a loss to the project
- One parent carer participation group withdrew from the working group. Fortunately, with other robust parent carer engagement the impact on the working group was limited.
- Finance procedures – inflexibility within the Trust. We were trying to do something that did not fit with the usual ways of working
- Professional publishers – they wanted to design something quite corporate, rather than the design that had been coproduced with the young people. This was addressed through patience and determination
- Being able to hold a face to face launch event was so important to the project and for a long time it looked like this might not be possible - but this did take place on November 29th 2021.



Positive benefits personally and professionally

Networks and relationships with parent carer groups and the Special Educational Needs and Disability youth engagement officer.

At the start of the project, I was relatively new to Wirral and lived out of the area, but now I have a network of colleagues from different health trusts, local authority and voluntary organisations that really enhances all aspects of my clinical practice in Wirral, and the support I can offer to families.

I am much more focused on co-production in every aspect of service development and quality improvement. My problem-solving skills and creativity have increased.

The support from the QNI has helped me to develop my skills in terms of project management, innovation and quality improvement.

Outstanding achievements

- Genuine co-production and collaboration
- Every aspect of the project has been led by parents and carers and children and young people

What did the QNI do well to support you?

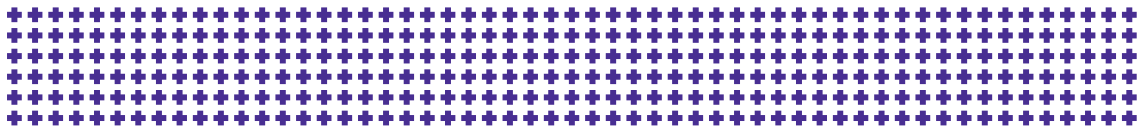
- Advice and support with regard to project planning and management. Initially my overall aims were too broad and not well defined. The QNI supported me to get this right.
- Keeping measurable outcomes as a key focus from the start of the project was great advice.
- Monthly support meetings were really helpful and an opportunity to link with colleagues across the country working on other projects was really helpful. I learned a lot from these colleagues.
- Support with invoicing and organising finances with my Trust's financial department.

What advice would you offer future nurse project leads?

- Co-production with experts by experience and those with lived experience is key.
- Making the effort to reach out and involve them from the very beginning is essential.
- 'Nothing about us without us.'

Final comments

A big, big, thank you to Sue Boran and Aga Kusmierz.



The Development of a Comprehensive Safety Pack for Parents with a Learning Disability from the Antenatal Period until the end of the First Year of Life.



Project team

Jill Brewer, Health Visitor and Louise Sowerby, Huddersfield.

How many people/clients/carers were beneficiaries of the project?

27

Overall aim

- To facilitate and empower parents with a Learning Disability to parent their children safely and effectively and for both to reach their optimum potential alongside reducing the number of families reaching safeguarding thresholds.

Brief summary

The project was developed through experience gained from practice and from research. The pack includes the development and use of Easy Read written information on four main topics of parenting: breast/bottle feeding, immunisations, safety and reducing the risk of cot death. Included is an Easy Read page on consent, a link to the Baby Buddy app, enabling access to videos and visual information, a large font calendar and stickers to aid clients with appointments, two envelopes for parents and baby correspondence together with a flow chart to aid professionals to proceed and where to refer at each visit to the family.

To aid early intervention, self-learning and standardisation of practice across the organisation

To meet benchmarking expectations as set out in legislative documentation including Valuing People (2001), Equality Act, Human Rights Act 1998 and the UN Convention of the Rights of People with a Learning Disability.

'It has been an amazing experience in all aspects of my professional and personal life. I have noted my resilience, my ability to regroup and bounce back which has been a lesson well learnt.'

Key outcomes

- Reduce inequalities between this cohort of parents and the rest of the population
- Increased parental confidence and resilience and reduce depression and anxiety
- Standardise the service given
- Reduce the number of families reaching a safeguarding level; (children subject to a Child Protection Plan and Child in Need)
- Overall healthier babies/children
- Provide equitable care with the rest of the population

Staff Outcomes:

- More skilled workforce offering a standardised service across the organisation
- Increased job satisfaction
- More confident workforce

Long term outcomes:

- Overall reduced costs to the Organisation in terms of staff salaries and time spent at Core Groups, Strategy Meetings, Looked After Children (LAC) reviews and Case Conferences. In opportunity costs freeing up time and money to spend on other things in the organisation
- Become a beacon of practice improvement for other areas

Organisations Outcomes:

- Raise the Profile of Parents with a Learning Disability within the Organisation.
- Reduce costs
- Meet some of the standards and recommendations from The LeDer Programme

Long term outcomes:

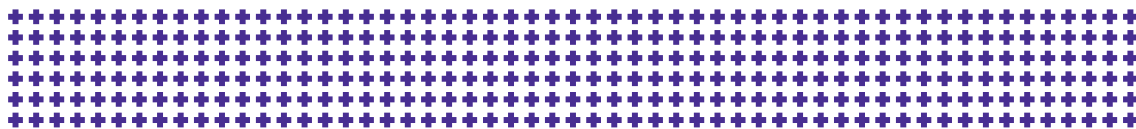
- Organisation being a beacon of good practice
- Potential increase in CQC rating for the 0 – 19 Service by demonstrating that we are attempting to meet the needs of this cohort of families

Outcome indicators:

- Reduce attendances of missed appointments at GPs and clinics for immunisations
- Increase 0 – 19 Practitioner contacts to clients to aid parenting
- Increase breastfeeding rates from this cohort group
- Reduce attendances at A&E with accidents
- Reduce incidence of Sudden Infant Death Syndrome (SIDS)
- Reduce contacts/referrals to Social Care
- Reduce invitations to Looked After Children (LAC), Core Groups, Strategy and Case Conference Meetings.

Any unintended consequences

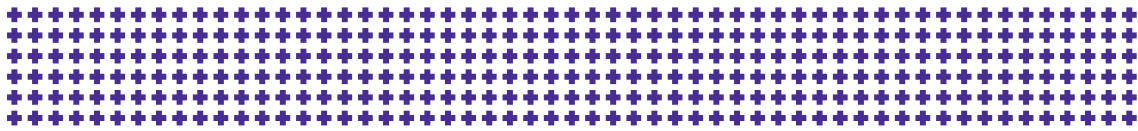
- The project and the pack have been escalated within the organisation. We delivered a briefing on it at which there were 150 attendees. Other parts of the organisation now want to be involved; including Equality and Diversity and we have been asked our intention to produce the pack in other languages. The Looked After Children Team stated that the pack would be useful for some of their Care Leavers.
- The Organisation's Safeguarding Lead is using the flow chart and pack to demonstrate that we are trying to meet the needs of this client group at Serious Case Reviews.



- Researchers at York University have interviewed me about the pack and have decided to include Kirklees in their research project to see how community resources and community centred approaches can help parents with a Learning Disability.
- A presentation has been given to West Yorkshire and Harrogate Health & Care Partnership Learning Disability Group and a meeting has been arranged to discuss taking the idea and the safety Pack forward to refine it and make it available across the Integrated Care System.
- Social Care in Kirklees have shown an interest in the pack and it could be utilized by their Family Support workers with their work with vulnerable families. A presentation to the Chief Nurse of Locala (CIC) and the Partnership board has been delivered and was well received.

Challenges

- The Covid Pandemic was the biggest challenge in delivering the project. It meant a change to how services were provided and priorities had to be changed. The whole QNI Project was put on hold for approximately six months. We continued throughout this period to work on the elements of the safety pack that we could achieve.
- The Covid Pandemic created delays in the production of the Safety Pack as the printers experienced delays in obtaining the necessary materials to complete the pack. Some of the material had to be returned to the printer as it did not fulfil the criteria (e.g., some of the information for the leaflets was missing and not produced on the correct type of card/paper). We continued to email and telephone the Communications Service to check on progress and highlight how important the materials were for the success of the project.
- The Communications Team were exceptionally busy and facilitated as much as they could alongside their other work but again the Covid pandemic resulted in delays. We continued to maintain contact with them to keep the profile of the project high on their priority list.
- There was a dearth of Easy Read Leaflets in the areas we wanted to include in the pack; immunisations, consent, ICON (infant crying programme) and what to do if your baby is unwell. There were unforeseen issues and delays around the use of copyright and licensing issues when compiling our own in-house leaflets. The Communications Team were instrumental in helping to resolve issues.
- Following the production of the inhouse immunisation leaflet it had to go to our Medicines Management Team and the Partnership board for verification which created a further delay. The Medicines Management Team were aware of the deadlines and facilitated in a timely manner. We telephoned and emailed to ensure that the leaflet was discussed at the earliest meeting.
- There were unavoidable delays for Cloverleaf Advocacy who were instrumental in verifying and adding the images to our compiled leaflets using their Readers Panel. This was due to the Covid pandemic and the panel were not able to convene meetings to add the images and check the written wording. We kept the lines of communication open and sent regular emails and telephoned regularly to ensure the high profile of the project.
- Due to the delay in the construction of the pack, many of them have had to be delivered to clients midway through the first year of their baby's life and not at the beginning or antenatally and this has had an impact on the evaluation and results. We have received some qualitative evaluations from clients regarding their views on the pack. Quantitative data has been received in some areas but does not robustly reflect the efficacy of the pack. However, we decided to complete some of the evaluations with clients and staff early in the role out of the packs in order to generate some baseline data and to inform future direction.
- Locala 0 – 19 practitioners who have identified clients and are working with them have tried to fulfil all the criteria expected but due to capacity issues have not always been able to fulfil all the required contacts. Practitioners have worked hard to deliver the service and obtain evaluation when required and we have kept in close contact with them to help facilitate and advise where required.
- The project co-lead moved to another department and was unable to continue her part in the project. She was visiting a client and was responsible for the Final Case Study. However, this has now been re allocated to another practitioner who will hopefully complete this in the future. I will facilitate the newly allocated practitioner to complete the case study.
- Unfortunately, towards the end of the project our Performance Lead who was facilitating our evaluations and



statistics had a bereavement and was off work. A colleague has helped to compile the statistics and graphs to include with the final report.

- The Task & Finish Group was convened to ensure that all stakeholders in the project were aware of others and their responsibilities. This was an asset in trying to keep the momentum of the project and to meet deadlines. Many of the delays experienced have been due to the changes in the way many professionals have had to work during the Covid pandemic.

Positive benefits personally and professionally

Personal Development

- This project has made me more confident
- Be more persistent, logical and challenging in achieving goals.
- Have increased IT skills
- Be more organised
- Increased my presentation skills
- Be more economically robust in meetings
- Realise that I lead by example
- I can regroup and bounce back after knockbacks
- Not be intimidated by others in higher positions in the Organisation and will challenge and stand up for what I believe.

Professionally

- I have ensured that Learning Disability is higher on the agenda in the Organisation
- Challenge and enhance practice and standards within the Organisation
- Increased colleagues' awareness of Learning Disability both within and outside my own service
- Instrumental in Locala having a wider involvement in Learning Disabilities, with York University Research Project becoming involved.

Outstanding achievements

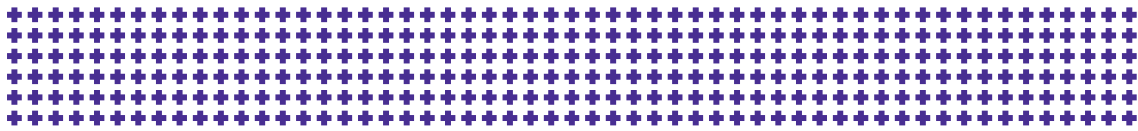
- There is a resource in place to help meet the needs of parents with a Learning Disability. The pack allows colleagues to standardise care and has criteria for facilitating them to meet their accountability criteria.
- The needs of Parents with a Learning Disability and their special needs and requirements have been raised and are on the agenda for Locala and it is hoped that the project will become embedded practice within the Organisation.
- Pivotal in Kirklees obtaining a place in York University's Research Project.
- The forthcoming Strategy Meeting to potentially roll the Pack out to the West Yorkshire and Humber Area.
- My personal growth in Project Management and the associated rise in confidence when liaising with colleagues higher up in the Organisation.
- The project has been picked up and shared with several other interested organisations nationally.

What did the QNI do well to support you?

- The workshops provided were all very informative and were a useful help with the project.
- 1:1 support session with an external consultant contributor was very useful in facilitating my evaluation of the project.
- The support groups provided time to hear other people's stories and difficulties and thus you did not feel alone. They were also useful for sharing ideas and thoughts. Mixing with people from other organisations was enjoyable and enlightening.
- The QNI via the project has given me the opportunity to realise and progress an idea I have had for years.

What can the QNI do to improve its support?

- I think the QNI was outstanding in how it managed to continue our projects within the difficulties and constraints of the Covid Pandemic.

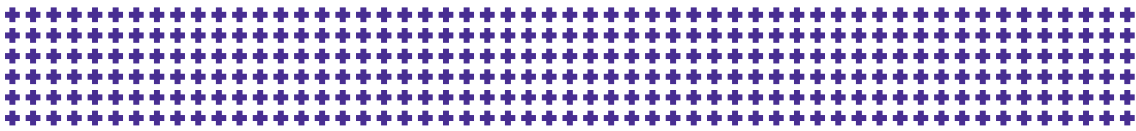


What advice would you offer future nurse project leads?

- Ensure you have a co-lead. This has been invaluable for sharing the load and for generating new ideas.
- Definitely have a Task & Finish group incorporating all the people involved in the project.
- Be organised with your time and try and stick to deadlines. It has been difficult for us this year due to the Covid Pandemic but the Task & Finish Group definitely helped. However, it is amazing how you adapt.
- Make the most of presentations and help that is available.
- Have confidence in your project and be committed and promote it at every opportunity.
- Expect to grow both professionally and personally.
- Expect to experience highs and lows along the journey.
- Following low times, regroup and always keep the end goal in sight.
- Expect to learn a lot about yourself.

Final comments

It has been an amazing experience in all aspects of my professional and personal life. I have noted my resilience, my ability to regroup and bounce back which has been a lesson well learnt.



Sleep Workshops: Better Sleep



Project team

Avril Bembridge, Clinical Team Lead for Special School Nursing Service, Surrey.

How many people/clients/carers were beneficiaries of the project?

65.

Overall aim

- The aim of this project was to support parents/carers in improving sleep outcomes for children and young people with a severe Learning Disability.

Brief summary

Five school nurses within the special school nursing service in Surrey completed a sleep counselling course in Nov 2019. This focused on how to support the families of children and young people who have a Learning Disability with sleep problems. The nurses were keen to work in partnership with education staff to put their new knowledge and skills into practice.

The primary aim of the project was to improve the quality of sleep for children who have a severe Learning Disability by:

- Proactively reaching out to parents and carers of children and young people attending a school for children with a severe Learning Disability within Surrey to deliver workshops that support improved sleep routines
- Setting up a suitable resource library of recommended materials that parents can trial before purchasing that may aid and improve sleep
- Producing supportive written resources on sleep that promote evidenced based knowledge and practices on improving sleep.

'On a personal level being able to see what the members of the project team have achieved for the families has been incredibly inspiring. '



Key outcomes

To improve quality of sleep for children and young people who have a Severe Learning Disability (SLD) to provide:

- Better social and academic opportunities
- Better levels of concentration
- Better decision and choice making
- Better emotional and well being
- Better behaviours
- Better quality of life for entire family.

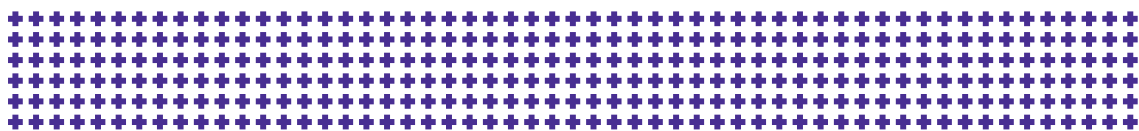
Any unintended consequences

We experienced many 'unintended outcomes' which brought some unexpected and welcomed positives:

- Having to deliver workshops virtually rather than face to face enabled the project to offer the sessions to all 8 schools from the onset. (Although face to face sessions definitely has its own values and advantages this roll out would have been much slower as we only had a maximum of four Severe Learning Disability (SLD) schools with the expertise required).
- Some SLD schools do not have sleep counsellors working within them yet. Therefore, expertise was shared and accessed more evenly and fairly to all families who have a child or young person with a severe Learning Disability across Surrey, regardless of which SLD school they attended.
- The project generated interest from other service providers where stronger future links can develop including Surrey Community Development Paediatric team who have recently developed a new role within their team for an associate psychologist who aims to develop clinics around Sleep and Attention Deficit Hyperactivity Disorder (ADHD).
- Links have been formed with the associate psychologist who attended several workshops and is sharing resources.
- A link with a Learning Disability school that has been proactive with improving sleep has been formed. This school is keen to set up a support group for all sleep counsellors both from nursing and education who are currently supporting families to share ideas and expertise. This may lead to another source of funding for further professionals from both sectors.
- The Learning Disability link potentially provides a natural progression to extend workshops for parents/guardians of children and young people with a moderate Learning Disability too. It also provides additional professionals that have the expertise and training to run the workshops and expand to develop new ones.

Challenges

- Balancing additional work on top of normal role.
- Allocated time in the diary for short regular meetings including planning and updates with project group, project planning time with engagements officer, time within existing meetings to provide updates, time to email Head Teachers with feedback and updates, time to review waiting lists and parent queries and note taking and actions required from meetings.
- We needed to increase our knowledge of Microsoft Teams as this was the identified platform of choice from our organisation (but different from what education colleagues were using) to use as an alternative way to deliver the workshops.
- Practice runs of how to set up and deliver presentations on Microsoft Teams. Embedding video clips with sound. Schools involved their IT support in helping when this was possible.



- Retention of staff who had undertaken the original sleep training programmes impacted as some have left the organization and schools to pursue careers elsewhere during the course of this project. This resulted in some loss of 'expertise' to effectively roll out the project.
- Due to the pandemic, training courses were disrupted which limited opportunities for others to be trained.
- Invested and identified nurses within the existing team and work stream group to access alternative sleep courses that were available. One nurse has recently undertaken the Sleep Scotland training course that has just been re-launched virtually and another has undertaken an alternative shortened course but with the core principles underpinning good sleep hygiene.
- Ensured all nurses involved in the project who had not undertaken sleep counselling training were allocated protected time to attend all 3 workshops as a means of gaining some 'in house' training.
- Review and re-planning of the budget in the most effective way. We used this as an opportunity to re-focus on building resources for the sleep library. Many items are bespoke and specialized and so will enable families to 'try before they buy'. Items can be expensive and so this this enables and empowers parents to make wise investments and choices.
- Procurement department have been slow and there have been imposed restrictions which did increase costs within the budget.
- This has required regular follow up emails to keep on radar.

Positive benefits personally and professionally

Undertaking the project lead role has definitely been a positive experience and it will remain special as it is the first time that I have led on a project at this scale.

My leadership skills have developed throughout, and I particularly enjoyed putting new knowledge gained from the QNI sessions into practice. I feel I have benefited both personally and professionally with:

- Increased knowledge on leading a project
- Increased confidence in leading the group
- Improved communication skills
- Improved decision making
- Improved problem solving
- Better collaborative working
- Motivating others
- Being brave to take some risks when things were not going to plan
- Developing more resilience
- Increased sense of humour!

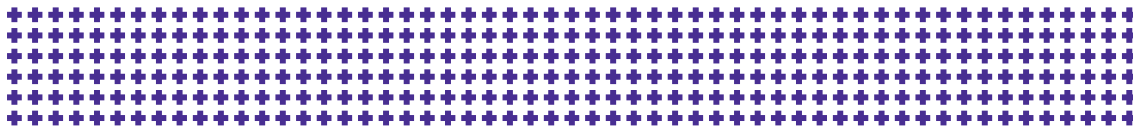
On a personal level being able to see what the members of the project team have achieved for the families has been incredibly inspiring.

Outstanding achievements

- Being able to adapt and launch this project during a pandemic
- Creating an evidence-based presentation and information resource that parents have found helpful in improving sleep outcomes for their children
- Working in partnership with education staff
- Generating interest from other health and education professionals
- Recognising a gap where support from nurses and education staff within the local community are helping to address to make a difference to these families with regards to improving sleep.

What did the QNI do well to support you?

- The training sessions on how to manage, lead and run a project were fantastic. Particularly elements covered on understanding pathways to outcomes, planning triangles and how to measure and use data to demonstrate value. Much of this was new and having recorded sessions with such an explosion of new information was helpful to me in re-visiting and applying this to the project.



- I particularly enjoyed the creative workshop and found the different strategies insightful to use to enable team members to generate and share ideas.
- It was reassuring and great knowing I could access further assistance from QNI at any time on any matters arising throughout the project year.
- I really enjoyed listening to the leads and co-leads of the other projects – they were very inspiring. It also helped knowing we were all in it together when driving the project through when the added Covid challenges proved difficult

What can the QNI do to improve its support?

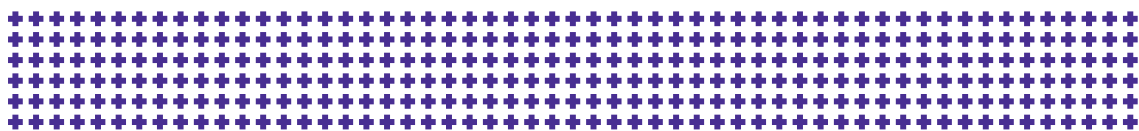
- Keep on providing the support and experiences that were delivered throughout this programme.

What advice would you offer future nurse project leads?

- Be prepared for it being harder and more time consuming than you think! I would advise to lead on a project that is meaningful to you and that you know will make a difference to better outcomes to those under your care.
- Be brave in those moments where self-doubt creeps in and never under-estimate what others bring to the table or the interest that the project will generate. Use your team and do not get tempted into trying to do things by yourself.
- Plan and be clear on what you are doing but also remember that things rarely go in a straight line and at times it will feel really 'messy'! The 'unintended outcomes' often turn out to be the absolute gems of the project.
- Have a trusted colleague that you can use as a soundboard to bounce ideas off but who can listen, support, and reign you in when you need to.
- Remember that what you are doing matters, it makes a difference to better health outcomes and that people are genuinely interested in what you are doing!

Final comments

Thank you to QNI and the Burdett Trust for Nursing for supporting the Surrey Special School Nursing Service with this innovation project.



Dementia Handbook Project



Project team

Joseph Benbow, Senior Community Learning Disability Nurse, Buckinghamshire

How many people/clients/carers were beneficiaries of the project?

This project is still ongoing.

Overall aim

The aim of this project was to produce a dementia handbook with a view to:

- Providing carers of people with a Learning Disability and dementia, information regarding changes that may be observed
- Supporting and improving the quality of nursing reviews for people with a Learning Disability and dementia
- Publishing the handbook in an editable format for adaptation by other organisations if desired.

Brief summary

Thus far the Learning Disability nursing team have gathered information regarding dementia and produced a draft handbook. This took significantly more time than anticipated due to the impact of COVID-19 on our workload, which meant that at times we were required to focus on core business instead of project work.

Work is still ongoing on the project. Draft handbooks have been sent to a selection of carers as well as to the Bucks Dementia Strategy group, alongside a feedback form. Once feedback is received this will inform a final version which will be printed and bound professionally for wider distribution.

'I feel that undertaking this project has supported me with my career development as I have had to take leadership of a service improvement.'

Key outcomes

Draft handbooks have been created and circulated to stakeholders including patients, carers and other key organisations (Alzheimer's Society, Carers Bucks, Relevant NHS teams). Feedback has been requested by 24th December, to publish and distribute widely for feedback later in 2022.

Any unintended consequences

Further service improvement projects have been identified:

- Improving information provided around medication and side effects
- Considering how mainstream dementia friendly activities can be adapted for those with learning disabilities
- Working towards improving recognition of when someone may be approaching end of life, ensuring that we know how to contact palliative care services as required
- Considering how the team can offer proactive screening (likely without access to additional staff) to identify dementia earlier in adults with Down's syndrome.

Challenges

The COVID-19 pandemic has had a serious adverse effect on our ability to create and distribute our handbook. At times throughout the year, the nursing team has been asked to cancel non-essential visits or non-core meetings, which has created significant delays in our ability to create the draft handbook and distribute to homes. This has also meant that we were not able to complete Quality Outcome Measures for Individuals with Dementia at the end of Q2, which has resulted in us using the draft handbook to source additional feedback from carers.

These problems have not been insurmountable. The primary consequence has been that there have been significant delays to the project, which I would estimate has left us about 3-6 months behind where we wanted to be at this time.

Positive benefits personally and professionally

I feel that undertaking this project has supported me with my career development as I have had to take leadership of a service improvement. I have had to work with colleagues to promote my vision of the end product whilst allowing for the ideas of others to be taken into consideration, and endeavour to keep to set deadlines as much as practical.

Outstanding achievements

Thus far the biggest achievement of this project is that we have managed to pull a large amount of information and experience together into a trial handbook. It is easy and tempting to underplay this achievement as just writing things down, but a lot of effort has been put into getting the project to a state where we can send people a draft version.

What did the QNI do well to support you?

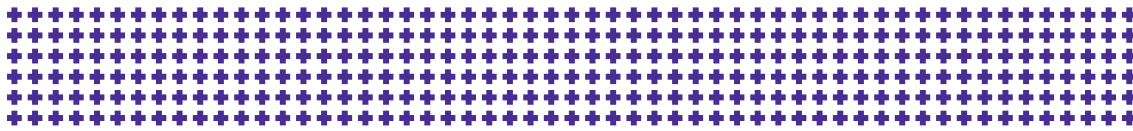
I found the workshops helpful, both in terms of considering how to work on the project but also meeting with other nurses completing their own projects and hearing their experiences.

What can the QNI do to improve its support?

It was unfortunate that due to the pandemic we could not meet face to face.

What advice would you offer future nurse project leads?

- Time goes faster than you think when endeavouring to fit a service improvement project into your core work. Make sure that you work with your managers in order to protect time not just to meet about your project but also to work directly on your project.
- Be open to ideas, and be willing to compromise on the finer details in order to focus on delivering your core objectives.



Sensory Eating and Weight Management



Project team

Helen Ashwell, School Nurse and Belinda Zabel, School Nurse, Greater Manchester

How many people/clients/carers were beneficiaries of the project?

10 individuals plus their families

Overall aim

To improve weight management, for both over and underweight children who have a Learning Disability.

Brief summary

To establish whether overcoming sensory issues relating to food will have a positive impact on a child's weight. Children were assessed by an Occupational Therapist with additional training in sensory needs. The report she produced has been utilised to try to overcome children's sensory issues.

Key outcomes

- Children who currently have a limited range of foods, will have an increased number of foods they will tolerate.
- Higher percentage of children will have a BMI 17.5-24.9.

Any unintended consequences

The sensory reports received did not just focus on eating issues. Each child had a full sensory assessment. These highlighted issues relating to proprioception that we may not previously have been aware of.

Challenges

Covid had a massive impact on our ability to move forward at the pace we had originally anticipated. The project co lead

'This has been an amazing journey for our children. It is one that we will continue on with. I feel that everyone involved in the project has benefitted; the staff/families have all gained a better understanding of the children.'

also went on long term sick this year. Not only did I lose my co-lead, but I also had to help cover her caseload as well as my own. This left me with very little time to dedicate to our project. This was unforeseeable and whilst management had originally stated we could have time for implementation, patient care had to take priority.

One of the children who initially gave me the idea for the project has proved to be quite challenging. He had the formation of a gastrostomy to support his nutritional needs. He is very rigid in his thinking and this has led to some problematic behaviours relating to his feeding. He likes to compartmentalise home and school activities. To try to reduce his distress and the impact on his behaviours on others, we have changed how his feeds are delivered. He will now complete this at home. As soon as he arrives in school, there is a programme of sensory activities in place. This had only just been decided so the impact of this is as yet unknown. It is hoped that this will establish a good relationship between school staff and this child which long term will allow us to integrate food play and lead to him accepting new foods.

Positive benefits personally and professionally

I feel I have learnt so much about how sensory issues impact on a child's life. I realize that I was naïve in thinking that changing a child's diet could be as simple as finding out how to encourage them to explore smells, textures, colours and tastes.

I feel that there has been a positive impact for all the professionals involved. We have all increased our knowledge base relating to sensory issues. Both schools are going to continue to implement what they have learnt.

Outstanding achievements

Giving children access to sensory assessments that they had not previously been able to access.

These are children that might not initially appear to have sensory issues. We were specifically looking at children with eating issues and they do not always present as a child with overall sensory issues. When some of the reports were received which demonstrated the high levels of sensory needs, it made staff consider atypical presentations. This has led to the school funding ongoing assessments and children receiving intensive sensory input with some excellent results.

What did the QNI do well to support you?

The online support meetings were very helpful even though I found it difficult to attend them all.

What can the QNI do to improve its support?

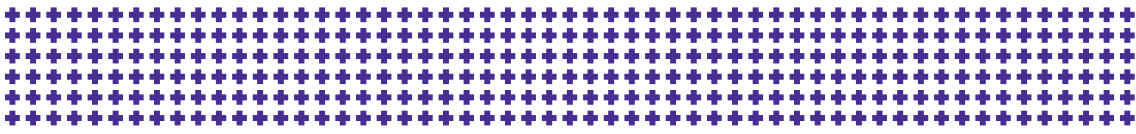
Continue to give them the level of support that we have received.

What advice would you offer future nurse project leads?

Be prepared that things may not go to plan!! You may need to change your aims and goals as your project progresses.

Final comments

This has been an amazing journey for our children. It is one that we will continue on with. I feel that everyone involved in the project has benefitted. The children who have received the assessments and the staff/families implementing them have all gained a better understanding of the children.



Bolton Health Improvement Project for Adults with Learning Disabilities



Project team

Linda Ashworth, Clinical Lead Learning Disability Nurse and Lynn Sharples, Learning Disability Primary Health Facilitation Nurse, Bolton

How many people/clients/carers were beneficiaries of the project?

23

Overall aim

The initial aim of the project was to explore and improve the quality of GP led, Learning Disability annual health screening appointments for people from 14 years of age to address potential health inequalities.

A review of local health checks revealed variations in delivery, often with only very basic health investigations being completed and showing a lack of health action planning or health target setting.

In Bolton we recognised the QNI innovation project as an opportunity to demonstrate a ‘gold standard’ health check with the long-term plan to share the outcomes from the project across our GP network with the intention of showing improved health outcomes as a result of improvements to the health screening offer. Our original project plan was to offer extended appointments with our GP Federation Practice Nursing colleagues with increased flexibility offered with regard to venue, timings and schedule of the appointments. We identified a number of venues, some away from usual GP surgery bases and agreed the offer would include evening or weekend appointments to ensure a more relaxed, informal environment where this was thought to be beneficial. Our aim had been to offer the enhanced screening to

'It is very easy to decline opportunities such as this Fund for Innovation Project due to the competing pressures of other work and the energy and effort required to deliver it however, the whole project team is proud of the support we have offered and the challenges we have overcome to deliver good quality outcomes.'

a limited number of adults with a Learning Disability from different GP practices in the area. Our intention was then to review health outcomes, including onward referral and individual health targets set.

Unfortunately, the launch of the project coincided with increased working restrictions due to the Covid 19 pandemic which made it increasingly difficult for us to continue with our original plans. Face to Face appointments were more difficult to negotiate and it was essential for us to consider the health and wellbeing of the population with a Learning Disability given the data we have around increased risks for people with a Learning Disability if they contract Covid. Therefore, our plans for clinic-based health screening appointments were postponed on a number of occasions. Our GP Federation nursing colleagues were heavily involved with the Covid vaccination roll out which resulted in reduced availability of nursing support for the project plans. In addition, the Learning Disability nursing workforce were redeployed and involved in the coordination and delivery of the Covid vaccination programme for adults with a Learning Disability, again impacting on availability for completion of the project plans.

In Spring 2021, we recognised growing frustration that we had been unable to deliver the project in line with our original plans and considered a potential need to withdraw from the project altogether, given that there appeared to be little improvement in Covid restrictions and demands. As a result of attendance at one of the QNI support sessions and after listening to how project colleagues had adapted their plans due to Covid restrictions, we reviewed and amended our plans to deliver a safer, annual LD health screening offer, that we hoped would still demonstrate improved health outcomes.

We agreed a home visit-based health screening appointment would be offered to all adults with a Learning Disability who reside in one of our larger supported living, flat based schemes. We were able to identify a scheme supporting 24 adults with a Learning Disability, 16 in the main building and 8 people, living in the neighbouring block of flats which are purpose built for adults who have a Learning Disability and autism.

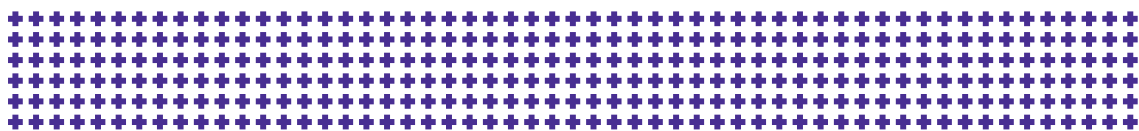
Brief summary

The Bolton amended project remained a partnership project with GP Federation colleagues as per our original proposal but, instead of attendance at a clinic-based session, we would offer an annual health screening appointment as a home visit within the building at our 24-bedded, flat based scheme. This helped to ensure we were reducing any potential risk to the vulnerable service user group whilst ensuring timely review of health needs.

We arranged a number of practice nurse hours to attend the patients' home address and, alongside our Learning Disability primary health facilitation nurse, to deliver a robust health screening appointment. The purpose of Learning Disability nursing involvement was to ensure that a more holistic assessment could be offered, which included consideration of social care support needs alongside health needs. The Learning Disability nurses are part of an integrated community Learning Disability team, based with health and social care colleagues. This helped to ensure that referrals to other specialist Learning Disability health professionals and social care colleagues could be made as required.

In addition, we invited a health improvement practitioner colleague to attend the sessions and offer additional support. Our health improvement practitioners are skilled in health monitoring and improvement, and we anticipated that they may be able to fulfil the role of a social prescriber, linking to mainstream health improvement activities as and when appropriate.

We were able to work alongside the staff team from the supported living property which helped to ensure involvement of the service user group, provided support and reassurance for the service users in attendance and helped to ensure essential information was captured as part of the health screening appointment.



We also implemented an activity target for the patients accessing the health screening appointment, agreeing that all would be issued with a fitness tracker in order to participate in a ‘Walk to Blackpool and Back’ initiative. Our plan was for all the patients to collectively record steps measured during daily activity which would then be recorded using a visual representation of home to Blackpool, which, including the return journey, is around 80 miles. The aim of this was to encourage and increase daily activity, generating some healthy competition between the group.

Key outcomes

We were able to deliver a high-quality health screening appointment to all patients living within an identified, 24 bedded, flat based scheme in an area covered by the GP Federation. Additional time was allowed during home visit appointments to ensure a comprehensive health review in line with best practice and supported by a practice nurse alongside a specialist Learning Disability nurse. In addition, all patients were offered, and accepted a health action plan which detailed the discussion and actions agreed during their appointment. This action plan is an accessible document, using symbols and words to aid understanding and remains with/belongs to the individual for them to use as they wish, in order to support future health contacts. We were also able to implement individual health improvement targets to focus on areas for attention and included this as a final action in the health action plan.

The health screening appointments resulted in a number of referrals on to GP for further investigations/actions.

A fantastic outcome, which arose as a result of the Covid delays we experienced, was the opportunity to offer all patients an influenza vaccine and a Covid booster vaccination in a timely manner and in the most relaxed, appropriate setting for many. It was a huge success that we were able to vaccinate 94.7% of the 19 patients who took up the offer of the health screen, which is a significant increase in the data we have for local and Greater Manchester-wide uptake. The project helped to increase awareness of health inequalities across primary and community health services, including the importance of offering reasonable adjustments to ensure the health needs of the population with a Learning Disability are met appropriately and in a timely manner. We also raised essential awareness of the need to consider the quality of these contacts when, historically, the focus has been on increasing uptake only. We acknowledge that there is additional work required in this area to ensure learning is shared more widely and with GP decision makers to influence future practice. This work is planned, and a Learning Disability update including project outcomes will be delivered at a future GP forum meeting.

A further benefit and outcome of the project was relationship building between specialist Learning Disability services and the GP Federation team. We have already evidenced an extension of this relationship by working in partnership to deliver the Covid booster roll out program for adults with a Learning Disability who live in supported living settings, receiving some fantastic feedback from both patients and staff involved.

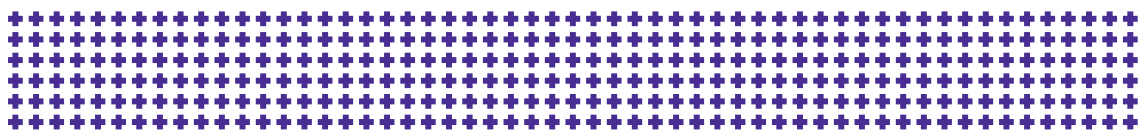
Our aim with the original project plan was to offer an enhanced annual Learning Disability health screening appointment that could be replicated by GP practices, to ensure that learning and improvements could be embedded into standard practice, ensuring the wider population with a Learning Disability benefit from improvements made and a high-quality health check. We recognise that the project model adopted due to the Covid working restrictions, is not a realistic model for GPs to offer as a standard arrangement. In part, the success of our project was working alongside a large, flat based scheme which allowed value for money given that we were able to work with 19 people over the course of two days.

Any unintended consequences

We are confident that offering the annual Learning Disability health screenings as home visit appointments had a beneficial impact on uptake. Where we were able to offer flexibility in timing of the appointment, is an example of a possible non-attendance if we would have been clinic based.

We were able to offer Covid booster vaccinations and influenza vaccines due to initial delays and the health screenings being arranged in October when vaccines were available.

The improved working relationships with GP Federation colleagues has also been an advantage and has already led to further partnership working.



When promoting the project with colleagues in the community division, we were offered additional support from the health improvement practitioners, support which was not included in our original plans. The benefit of this was advice and support offered during the appointments and an opportunity for the Health Improvement Practitioners to upskill when working with people with a Learning Disability in the future.

We also had not planned to have an activity-based project for people within our initial plans, this was agreed following discussion with our Divisional Director of Nursing. We subsequently requested fitness trackers and introduced the virtual 'Steps to Blackpool and Back' project to the group. There has been a delay in provision of the fitness trackers, but they are due to arrive on 3 December 2021 and will be distributed to the group week beginning 6 December 2021.

Challenges

The most significant challenge was the emergence of the Covid pandemic and subsequent changes to working practices. This was especially crucial for the population with a Learning Disability due to increased vulnerability if they were to contract Covid. As a result of pandemic working arrangements, many members of the Community Learning Disability Team were redeployed and/or redirected to support the Covid vaccination roll out. Equally, our GP Federation colleagues were unable to devote the time promised to the project due to the huge increase in pressure for primary healthcare workers. This led to frustration and a lack of motivation, however the key to our success and finally delivering the project, albeit in an amended way, was continued engagement with the QNI support process which re-energised and re-motivated the project team.

Initially, the project team involved a key person who acted as the link for the GP Federation but she moved on to a new post. This change in the project team posed a potential risk to delivery of the project. However, the new Chief Nurse demonstrated a commitment to addressing health inequalities for people with a Learning Disability and an ongoing passion for the project and we were able to continue with little or no impact on delivery.

Positive benefits personally and professionally

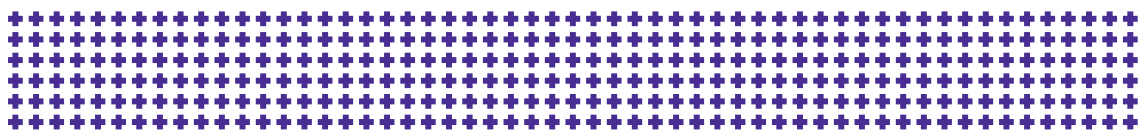
As a team, we have some longstanding frustrations about the quality of the annual Learning Disability health screening reviews and lack of quality assurance. The introduction of funding for Learning Disability annual health screens may have had a negative impact on quality as specialist Learning Disability services moved away from provision of support due to new commissioning arrangements. It has been a personal frustration that the annual Learning Disability health screening programme is well funded, at £140 per screen, but the quality remains variable and the whole process lacks robust quality assurance measures.

Planning and delivering the health screening helped to evidence some of the challenges when delivering this level of support and this has resulted in increased understanding of the challenges for General Practice in their usual offer of health screenings.

There were several months, mid-project, where our challenges felt too overwhelming to overcome. Using support offered from the QNI and from our respective services, we were able to reflect, review and adapt, ensuring we were able to resolve issues and progress with an amended plan. As outlined in the interim report, we noted some personal benefit to reflecting on these challenges and adopting a working process of small improvements to build to the final project delivery which can be transferred to many aspects of working life.

It is very easy to decline opportunities such as this Fund for Innovation Project due to the competing pressures of other work and the energy and effort required to deliver project-based work, however, the whole project team is proud of the support we have offered and the challenges we have overcome to deliver good quality outcomes. We feel the project was well managed, especially in light of the unforeseen challenges posed, including but not limited to, the Covid pandemic.

The other reflection for the project team, is how much learning and support was gained from the QNI workshops and monthly follow-on support sessions. Listening to other project updates was key to delivery of our own project and we all gained skills and knowledge from the initial, educational sessions offered via the QNI.



Outstanding achievements

We are collectively proud that we have been able to deliver on the project, despite the many challenges experienced in the last 18 – 20 months.

We have been able to demonstrate that the annual Learning Disability health screenings offered have met the best practice standards by direct comparison with the Public Health England, Quality Checking document.

100% of individuals were offered an accessible Health Action Plan which will support and inform their health contacts moving forward.

We were especially pleased that we were able to offer Covid booster vaccinations and influenza vaccines, given the data around the risks for people with a Learning Disability if they were to contract Covid, with even poorer outcomes if they were to be unwell with both Covid and influenza. A Mencap report in February 2021 suggests the death rate for people with a Learning Disability, aged between 18 – 34 was 30 times higher than the rate in the same age group without a Learning Disability (Health Inequalities: Learning Disabilities and Covid -19, Mencap, February 2021).

There is a lasting legacy as a result of the project in that we will continue to deliver the in-project plan to increase physical activity for this group of people and anticipate improved relationships with partner agencies, especially the GP Federation.

What did the QNI do well to support you?

- All members of the project team enjoyed the educational element of the project offered by the QNI in the earlier stages of the project planning process, despite the need for this to be a virtual offer. These sessions were very informative and generated passion and commitment to the project. Meeting fellow project leads was especially helpful and helped to maintain interest and support.
- The QNI support was available throughout the project journey, and it was a great reassurance to know we could contact for advice and support as required.
- QNI administrative support was essential to our financial planning and organising the release and availability of funds as required.
- Without the subsequent virtual support sessions offered, I am confident that we would not have achieved the outcomes we now been able to report.

What can the QNI do to improve its support?

To continue to inspire project leaders by offering supported learning opportunities, with an evidence- based approach. To work with project leaders and build cooperative integrated leadership styles.

What advice would you offer future nurse project leads?

- To ensure time is protected to be able to deliver on project aims. To break up tasks to avoid being overwhelmed, making small improvements to build to the completed project.
- It is essential to maintain links to other project leads; to share learning and frustrations in order to maintain commitment and deliver on the project aims.
- To consider best placed allocation of finances to support the project.
- Don't give up! Even if unexpected challenges arise, use the support systems afforded to adapt and overcome as an adjusted project can deliver some unintended but valued outcomes.

Final comments

A huge thank you to Sue, Aga and the rest of the QNI team for affording us the opportunity and supporting us to deliver the project and, for being patient with us when we were challenged with delivering updates and reports on time. The challenge of delivering the project has exceeded our expectations due to the number of unforeseen barriers and issues we have needed to overcome but we have all enjoyed the process and take a wealth of learning forward into our daily practice.



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