



**Learning Disability Managed Care Network HEF reference group meeting**  
**Wednesday 18<sup>th</sup> September 2019**  
**Strathbrock Partnership Centre**

No.	Agenda Item	Lead person
<b>1.</b>	<b>Present</b>	
	Caroline Gill Head of LD Nursing NHS Forth Valley (Chair) Derek Phillips Interim Network Manager LD MCN Marina Callaghan NHS Forth Valley Claire McCulloch NHS Fife Heather Duff NHS Lothian (notes) Peter Old Scottish Borders	
<b>2.</b>	<b>Apologies</b>	
	None.	
<b>3.</b>	<b>Minutes from previous meeting</b>	
	Accepted as accurate record.	
<b>4.</b>	<b>Matters arising</b>	
	Incorporated within the agenda.	
<b>Agenda Items</b>		
<b>5.</b>	<b>HEF+ Scottish Version</b>	
	Ongoing implementation across all four boards.	All
<b>6.</b>	<b>ISD data analysis and way forward</b>	
	Derek continues to meet with Fiona Lee ISD data analyst with the current HEF data from 2014 – June 2019. Derek has provided a brief overview of plans in the LD MCN newsletter. 1 <sup>st</sup> stage analysis will be completed considering 1 <sup>st</sup> and final HEF's for each board area broken down into inpatient and outpatient. Fiona has copy of our previous work and NHS Wales data presentations. Agreement data outcomes were "too busy" and lacked some clarity last time around.	Derek
	ISD continue to quality check the data and have raised further questions: <ul style="list-style-type: none"> <li>• Some nurses have completed 1<sup>st</sup> HEF with discharge HEF completed days later. We agreed this was ok to be included.</li> <li>• There are some patients &lt;16 identified. NHS Lothian works across the lifespan and some nurses may have completed a HEF on a young person. Claire completed some HEF's in Fife on young people in transition. We need clarity about how many patients &lt; 16 have been identified to clarify if we will include/exclude data.</li> <li>• Heather reminded the group the determinants of health for children and young people are different to adults hence the</li> </ul>	All

	<p>current tool is for adults. There is no update on HEF author progress with child version of the tool. Additional support team/intermediate teams' data will be included within outpatient community data.</p> <ul style="list-style-type: none"> <li>FV community data appears sparse! Prior to Project Manger leaving her post there were FV data challenges. Heather will send the three CLDN individual team data and AST data to Derek for Fiona to ensure inclusion.</li> </ul> <p>Fiona will attend the next planned meeting of this group on 6<sup>th</sup> November. We can invite other interested parties to this meeting as appropriate.</p> <p>Fiona will present where she is with the data analysis to shape joint discussion about how we translate outcome in practice and the way forward. We are keen to establish trends/themes at individual team/locality/board and regional level to inform potential service developments and training needs for staff (as already underway in the LD MCN learning and development group). We also want to consider correlations for example – looking at the social determinants (accommodation and meaningful activity) and impact on mental health.</p> <p>There is also a need to remind nurses about the importance and value of doing the HEF beyond individual patient needs. We need to consider how we share outcomes with boards and HSCP's to support them to become engaged in the process.</p>	<p>Heather</p> <p>All</p> <p>All</p> <p>All</p>
<b>7.</b>	<b>HEF updates</b>	
<b>7.1</b>	<b>Scottish Borders</b>	
	<ul style="list-style-type: none"> <li>New staff in post. HEF training provided.</li> <li>Trial of NHS Lanarkshire's adapted version of Moulster &amp; Griffiths nursing framework with HEF integrated within it. Peter will keep us updated.</li> <li>Marion Kimber Team Manager will raise potential for national use of the HEF at the national excellence in care meetings.</li> </ul>	
<b>7.2</b>	<b>NHS Fife</b>	
	<ul style="list-style-type: none"> <li>Claire has provided update HEF training for CLDNs</li> <li>Claire is working jointly with Yvonne Beveridge to go onto wards to deliver HEF training, as there have been challenges getting staff released from wards for training.</li> <li>Yvonne will attend this meeting when she can.</li> <li>Significant changes with senior nurses and managers in NHS Fife. Claire views this as positive opportunity to raise HEF awareness and plans for data analysis and outcomes.</li> <li>Mixed feedback from HEF frequent users about updates to indicators; with some seeing no difference and others seeing the positive contribution and more ease of use.</li> </ul>	
<b>7.3</b>	<b>NHS Forth Valley</b>	
	<ul style="list-style-type: none"> <li>Abi Thomson IP Service will attend future meetings.</li> <li>Request for HEF+ Scottish version presentation with update on saving and printing a PDF. Heather will send this.</li> <li>HEF+ implementation going well across both community and IP</li> </ul>	Heather

	Service.	
<b>7.4</b>	<b>NHS Lothian</b>	
	<p>Susan Jackson CLDN Team Leader and Heather met with Scott Taylor CSDM to discuss NHS Lothian representation at the regional HEF reference group. It was agreed Susan will step down and Heather will take over as NHS Lothian rep for this meeting. Heather was invited in her role as regional representative to attend the Lothian CLDN Team Leader meeting (with representation from the seven CLDN Teams (four HSCP's) to discuss the regional HEF reference group meeting role and HEF implementation etc.</p> <p>Susan &amp; Heather have previously highlighted to Scott and to regional HEF reference group some resistance to use of HEF in Lothian by a small group of nurses.</p> <p>From discussion several issues were highlighted:</p> <ul style="list-style-type: none"> <li>• Team Leaders question the validity and governance around the HEF clinical standard and audit process.</li> <li>• Team Leaders confirm that HSCP Managers are not involved in this process and perhaps should be? Scott and Heather have previously agreed to plan to meet with managers from the 4 HSCP's however due to several challenges including ongoing organisational change; this meeting has never been able to be progressed.</li> <li>• Any HEF audit outcomes and data analysis outcomes belong to HSCP's – TL's will pass future information onto HSCP Managers (previous reports and data can be accessed and passed on).</li> <li>• Some TL's advised they would like to pick and choose when to use the HEF – they do not see the value in its use with all patients.</li> <li>• Some TL's would like to complete local data collection.</li> </ul> <p>Following the CLDN TL meeting Heather was able to update the TL's on email about governance arrangements. Application was made to Public Benefit &amp; Privacy Panel for Health and Social Care for QI permissions to use surveys, focus groups, clinical standard and audit etc. The PBPP confirmed all this was day to day evaluation processes and we could proceed. The function of application to PBPP is to have one set of national permission rather than apply to four different boards or 9 HSCP's. Some of the TL's are relatively new in post since this agreement and would not have known this arrangement.</p> <p>The LD MCN Newsletter was shared with the TL's to provide overview of current data analysis arrangements led by Derek Phillips Network Manager.</p> <p>Following shared discussion by this group we confirmed</p> <ul style="list-style-type: none"> <li>• It was acknowledging the need for ongoing support to teams/ward with implementation. Heather will continue to liaise with community and IP services to support HEF implementation.</li> <li>• Lothian has a service wide HEF forum to support implementation and information sharing.</li> <li>• HEF champions are identified in wards and community teams; however, due to staff changes new HEF champions require to be identified in some areas. It is the role of the HEF champion to</li> </ul>	

	<p>support HEF training needs.</p> <ul style="list-style-type: none"> <li>• <b>HEF is NOT an opt in/opt out</b> – we require to evidence the LD nurse role and reduction in health inequalities for ALL patients and to support quality data collection and analysis.</li> <li>• <b>Caroline reiterated the importance of the Professional/Lead Nurse role to provide local support to reduce barriers to HEF use.</b></li> <li>• The group agreed with the longer term need for teams/wards to complete local data collection and analysis. There will be a training need to address this. We agreed that we would consider the implications and how to address this once the current data analysis and outcomes are completed. However, the point was also made if the HEF is not completed; there is no data to aggregate!</li> <li>• The group have agreed that minutes from this meeting can be circulated to relevant parties in each of the boards. Heather will circulate minutes to TL's, SCN's and CSDM to help keep parties more informed. Heather will liaise with Lothian colleagues who would like additional information.</li> </ul>	
<b>8.</b>	<b>Role of HEF ref group and representation</b>	
	<p>This group will continue to meet to oversee current data analysis and outcomes. The role and function of the group will be reviewed thereafter.</p> <p>Representatives from board areas on the group can invite others to attend the group as appropriate however the request is to let the group know in advance of planned meetings.</p>	
<b>9.</b>	<b>AOCB</b>	
	<ol style="list-style-type: none"> <li>1. HEF audit process: given the recent transition from HEF v1 to HEF+ and current data analysis work we will hold off on audit until completion of this work in the New Year.</li> <li>2. Kate MacDonald new network manager commences next week two days per week. She will attend the HEF ref group in due course. Derek will continue to support data analysis work at present.</li> <li>3. LD MCN newsletter is circulated regularly and can be accessed from the LD MCN website</li> <li>4. LD MCN website continues to be a work in progress. Please feel free to identify area for further work. Please feel free to send documents and links to Karen Lee for inclusion. Heather will ensure HEF info is more contemporaneous on the website.</li> <li>5. LD MCN has a twitter account administered by the clinical lead to share LD good practice guidance/policy etc.</li> <li>6. Caroline will continue in role as chair in the short term due to other commitments. This will be reviewed in due course.</li> </ol>	
<b>10.</b>	<b>Dates of future meetings</b>	
	<ul style="list-style-type: none"> <li>• Weds 6<sup>th</sup> November</li> <li>• Weds 18<sup>th</sup> December</li> </ul> <p><i>Meetings are 12 = 2pm @ Strathbrock PC Meeting room one: feel free to bring lunch/refreshments.</i></p>	