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We have had a busy year so far at the QNI culminating in our Annual Conference, ‘Healthcare in the Community’ in September, which created interesting discussions and debates into the state of community nursing today.

The QNI has been closely involved in work around safe staffing in community nursing in recent years. The NHS England Five Year Forward View requires more care to be delivered in the community setting, however to date this has not been followed by a major investment in or reallocation of staff or other resources. District Nursing services often act like a ‘sponge’, absorbing additional workload in an environment without the physical limits of a defined number of beds on a ward. Recently, we have seen some community services begin to speak in terms of the number of beds their teams are managing, in the hope of helping commissioners to be able to compare the volume of work to that of the hospital environment.

In 2014 we published a District Nursing Workforce Planning Report, commissioned by NHS England (https://www.qni.org.uk/wp-content/uploads/2016/09/district_nursing_workforce_planning_report.pdf ). This document drew attention to the many variables that could impact on safe levels of staffing in the community and the importance of measuring these variables in order to predict current and future staffing needs. It argued for the creation of standardised workforce planning tools and locally adjustable operational scheduling tools.

In September 2016 we published a discussion document, Understanding Safe Caseloads in the District Nursing Service (https://www.qni.org.uk/wp-content/uploads/2017/02/Understanding_Safe_Caseloads_in_District_Nursing_Service_V1.0.pdf ) that expanded on earlier work. The document provides a thematic overview of the issues that should be taken into account when determining a safe caseload. The document summarises the challenges in managing safe caseloads in the District Nursing service, and points to specific actions the QNI believes are necessary to improve and safeguard the future quality of services.

Over the last 18 months, I have been delighted to have chaired a working group at NHS Improvement that will result in a publication focussed on safe staffing in the District Nursing Service. This draws on research published by NICE and will be of use to anyone involved in leading, managing or commissioning district nursing. The final document will be published later this year.'
The QNI’s Annual Conference, ‘Healthcare in the Community’

The QNI’s two day conference focused on the themes of improving care and nursing for the future in community and primary care. A range of speakers spoke about challenges facing the nursing workforce and current and new initiatives that are being introduced to address these.

Key speaker, The Rt Hon Jeremy Hunt MP, Secretary of State for Health, was unable to attend the event and so the audience was supplied with green and red cards and asked 6 questions at which they were asked to lift either the green (agreeing) or red (disagreeing) card to show their responses.

Photographs were taken of these and the audience were asked to write a question they would have liked to ask Mr Hunt and also write a solution to a healthcare issue they found had worked from them in their area of expertise. All of the cards were collated and a report was sent to Mr Hunt. We will publicise the response on our website as soon as we receive it.

The questions were as follows:
Question 1: Nurses who work in the community have the key skills to address may of the current challenges facing the NHS right now.
Question 2: The key skills of nurses who work in the community have not yet been recognised at a strategic level.
Question 3: There needs to be a clear focus at a strategic level on the impact of the nursing workforce serving local communities on parents, families and carers.
Question 4: It would be helpful to publish a ‘Community Services Forward View’ to focus this work and the investment needed.
Question 5: Do you have at least one vacancy within your team or service?
Question 6: Will District Nursing courses be available in your local university a year from now?

For an in-depth summary of both days, please go to the news section of our website, www.qni.org.uk.
New Standards for General Practice Nurses launched

The QNI and QNI Scotland launched new Voluntary Standards for senior General Practice Nurses (GPNs) at the QNI conference in September.

The new standards aim to identify the key aspects of the senior GPN role and reflect the breadth of competence required to manage and deliver high quality, person centred care as the leader of a nursing team.

The Standards have been developed with leading experts from across the UK to help support senior General Practice Nurses, focusing on the level 6 role. Nurses themselves will be able to map their own skills and knowledge against the Standards, and collaborate with education providers in developing course content.

The project, led by Mary Saunders, followed the development of voluntary standards published for District Nursing in 2015 and also responds to the QNI’s research into the current GPN role published in 2016. The new Voluntary Standards do not replace the NMC’s statutory standards, but are intended to augment and update these to reflect current education and practice requirements to support the key leadership role in new models of primary care.

QNI chief executive Dr Crystal Oldman commented, ‘The specialist expertise of the General Practice Nursing service has come into sharper focus in recent years, as the policy agenda seeks to move more healthcare into the community, with many GP practices forming formations, hubs and clusters. Senior GPNs are now undertaking many areas of work that were traditionally reserved to GPs and there are increasing opportunities available to them for the leadership and management of a varied nursing team, as the NHS pioneers new models of care in the community.’

Clare Cable, QNIS Chief Executive and Nurse Director, said, ‘The QNI and QNIS have worked together to ensure that views from the four countries of the UK have shaped this work. Whilst the contexts we work in are significantly different, at the heart of these standards is high quality person-centred care and we hope that this work will provide important contribution to strategic discussions UK-wide.’

Latest trends in District Nurse Student numbers announced

The QNI launched the 2015-16 Report on District Nurse Education at its annual conference in September.

The report indicates that the increase in District Nurse student numbers seen in recent years has slowed down. Given the numbers who retire from the service annually, the QNI is concerned that this will represent a major challenge to current and future recruitment efforts to District Nursing teams.

Dr Crystal Oldman CBE, the QNI’s Chief Executive commented: ‘We are very concerned by the long term trend of District Nurse student numbers and of the number of universities that are able to offer a viable District Nurse Specialist Practitioner Qualification. The value of the SPQ to nurses and to patient care has been demonstrated by the QNI’s own independent research, commissioned by the Department of Health in 2015.

‘As more and more highly complex care is delivered and managed in the community, the more important it is that highly skilled District Nurses are managing community teams – which are often large and have a high degree of skill mix. The QNI plans to commission further work to show how specialist practitioner training leads to high quality, patient-centred care and enables people to be safely and sensitively cared for at home rather than in hospital.’

Headline findings:

- There were 565 new entrants to the SPQ – District Nurse programme in 2015/16
- 517 District Nurse Specialist Practitioners qualified in 2016, compared to 479 in 2015 and 382 in 2014.
- 554 new students were enrolled in the academic year 2016/17
- 40 universities responded to the survey and of these, two did not run the programme and one did not intend to offer it in future.
- 82% of universities had mapped their programmes to the QNI/QNIS Voluntary Standards for District Nurse Education and Practice (2015)

The report is the fourth annual report the charity has published on District Nurse education. The report is available online at: https://www.qni.org.uk/explore-qni/policy-practice/district-nurse-education-reports/
New learning resource on Homeless Health nursing launched

The QNI has launched a new learning resource about homelessness.

Dr Crystal Oldman CBE, QNI chief executive launched the resource at the event attended by around seventy nurses and allied health professionals who work with homeless people.

‘Transition to Homeless Health Nursing’ is an eight chapter self-guided online resource designed for nurses new to working with people who are homeless. The resource includes information about safe working practices, risk assessment, common patient conditions, multidisciplinary working, policy, legislation and safeguarding.

It can be used as a refresher guide for more experienced community nurses, as teaching materials for educators, or learning materials for student nurses looking for a placement or a career move into homeless health nursing.

The QNI’s Homeless Health Programme Manager David Parker-Radford said, ‘Excellent nursing care for people who are homeless can only come by learning on the job over time. This resource aims to fill in some of the gaps, speed up the learning process and help develop the confidence of nurses to understand homelessness, work collaboratively, know the current legislation and get involved in policy.

He added, ‘I am proud of the work of the nurses in the network who have contributed to making the resource possible and I am sure it will have widespread benefit to professionals who care about giving the best possible care to people facing some of the most difficult challenges in life.’

The guidance was developed following a focus group with young homeless people and a survey of the experiences over 80 homeless health nurses. Members of the QNI’s National Homeless Health Advisory Group were also key contributors to this resource, and this was followed by peer review with nurses who have expertise in this area of work.

The guidance is the fourth in a series of QNI learning resources dedicated to helping nurses with the ‘transition’ to community nursing disciplines. The other resources are: Transition to District Nursing, Transition to General Practice Nursing and Transition to School Nursing.

To see the resource, go to www.qni.org.uk/nursing-in-the-community/transition-community-nursing/homeless-health/

Can we help?

In 2016, we helped 159 community nurses who were experiencing financial difficulties for a variety of reasons. Mostly, they were going through periods of physical or mental illness, trying to escape domestic abuse, or experiencing other life crises, such as eviction, family health problems, marriage breakdown or bereavement.

We would love to help, so please get in touch with Joanne Moorby on 020 7549 1405 or email joanne.moorby@qni.org.uk for more information or how to apply.

QNI130 Tea Parties

We are very grateful to all the Queen’s Nurses and Community and Primary Care Nurses who have held QNI130 tea parties to help us celebrate our 130th anniversary and raise money for our Keep in Touch project.

For more information, or to hold your own tea party, please go to www.qni.org.uk/explore-qni/about/qni130/. Thank you!
'Ms J was referred to the project by her support worker as she was quite manic and yet depressed. Her brother had recently been diagnosed with cancer and she had also received a re-possession order from the council for non-payment of rent on her flat.

Ms J had also begun therapy for childhood abuse she had experienced. At the first session, it was noted that she had high blood pressure. She had a thick black rash between her breasts and said she has been using a cream prescribed by her GP but had not seen any improvement. She had not had a cervical smear test in a long time although her last test was abnormal, but she had issues having it done due to the traumatic experiences referenced above.

Ms J also reported ‘comfort eating’ and that she has been craving sugary foods and drinks although knows she has a family history of diabetes. Ms J was reassured that staff at the project would support her to improve her physical health.

Her GP was contacted following the assessment and given a full report of all the issues raised. She was offered the next available appointment where her bloods were taken, new treatment for the rash was dispensed, new medication was given to lower her blood pressure, another cervical smear was taken which found abnormal results for which she was referred. We were able to give her advice on healthy eating and gave her access to a healthier diet within the project (as she was a resident), limiting the sugary drinks and boosting her health with fresh fruit and vegetables. She was shown how to check her breasts and given a leaflet with diagrams to help with this. A leaving summary was sent to her GP on her discharge outlining all the above.’

‘Women felt very taken care of by the experience, not exposed or judged, but empowered by information and guidance to take care of their bodies.’ Project Lead
Working with rough sleepers in Birmingham
by QN and Nurse Practitioner, Sue Nightingale

‘I was asked if I would volunteer to help with the winter night shelter at local churches in Coventry from December to March. So, I went to St Osburg’s church hall for my first shift, a little apprehensive but willing to help wherever I was needed. I began to learn what it was like to be homeless, by meeting those who live on the street in all weathers, with little hope for a change in circumstances. It would give me valuable insight into the daily struggle just to exist in such harsh conditions. It is estimated that on average rough sleepers will die before they are 47. Birmingham and Coventry have the highest number ever of rough sleepers and the numbers are rising.

I worked on the evening shift, helping to set up the guest beds, provide vital clean underwear, clean clothes and toiletries, and help serve a hot meal. We also tried to create some sense of community by spending time talking, playing games and talking, without being intrusive, with the guests who stayed at the shelter. I met some wonderful volunteers who work tirelessly to try to signpost people to get help with finances, jobs and permanent accommodation. Soon after, I joined a small group in Birmingham to walk the streets and find rough sleepers. The group would collect donations and walk the streets to find those most in need, often hidden from view.

A friend, Laura, and I, helped co-ordinate an outreach group, which we called Hope for Homeless Birmingham. Our group would gather donations and then meet to distribute items. We used social media to ask for donations and encourage others to volunteer.

We made it our mission to ask the names of all those we met. We realised from talking to them how scared they were as night fell: often their belongings are stolen, some choosing to sleep in the day as it is safer then. We often shook hands and even hugged, which highlighted the need for human contact and mutual respect. We got to know lots of regular rough sleepers; sadly you see the deterioration in their general health and physical condition as the months go by. Many have open sores and wounds, some from being assaulted, some from the extreme weather conditions in which they sleep. Baby wipes have become the most versatile item for both volunteers and rough sleepers. They have access to a GP surgery specifically who supports rough sleepers with no fixed address and are encouraged to attend to have their wounds cleaned and for general health checks. Many have been abused verbally and physically, had their meagre belonging stolen, and even raped. They are brutally honest about how they were taken advantage of and seen as less than human.

Everyone we met was so grateful for everything and only took what they needed. It is extremely humbling to be able to give a little time and comfort to those most in need. Sometimes spirits were high and other times people were feeling low, so desperate that you wanted to take them home. It was a struggle for us to walk away. So we now prepare for winter, gathering more donations and welcoming new volunteers. Many volunteers initially feel quite nervous and are shocked by what they witness, but each one returns time and again because although it is hard your first time, the need to help others is far stronger than the apprehension they feel.

I believe I was guided to help as a volunteer; I have been nursing 33 years and embrace the challenge to continually experience new areas of need, to bring my nursing skills where they are most needed, but above all to be compassionate to both those we meet and ensure the group were well supported and felt safe at all times.’

The Glory of the Garden
90 Years of the National Garden Scheme -
with Mary Berry

Tuesday 31st October, Royal Geographical Society, London

To mark the NGS’ 90th anniversary, this year’s annual lecture will be given by Mary Berry for an evening of horticultural delight.

Also joining Mary Berry on the night will be Lord Ashbrook; four generations of whose family have opened the garden of Arley Hall, Cheshire since 1927 and Daily Telegraph gardens columnist Stephen Lacey.

All three will talk about opening and visiting gardens, sharing stories and memories from across our 90 years. After the talks, NGS Chief Executive, George Plumptre, will chair a Q & A with our guest speakers and the audience.

The evening will start promptly at 7pm with doors opening at 6pm for a cash bar. Tickets cost £20 and because the event is being generously sponsored by Investec Wealth & Investment all sales will go to the National Garden Scheme.

For more information go to www.ngs.org.uk.
EXCLUSIVE: A Fundraising Evening with Stephen McGann from ‘Call The Midwife’

Monday 27 November 6-9.30pm, The Royal Garden Hotel, London

We have been extremely fortunate to secure the actor Stephen McGann, who plays the part of Dr Turner in ‘Call the Midwife’ to join us for a fundraising evening.

He is a fascinating speaker and will tell us about his life, his career and how playing the part of one of TV’s most famous medics has made him passionate about the work of doctors, nurses and midwives and the families they care for.

There will be an opportunity to meet Stephen during the evening and we hope he will also be signing copies of his new book, ‘Flesh and Blood: A History of My Family in Seven Maladies’.

Tickets cost £50pp and include wine and canapes
To find out more or to book your ticket, go to www.qni.org.uk

Nursing Heritage Wall Calendar 2018 now available

Our community nursing heritage wall calendar 2018 celebrates the 70th anniversary of the National Health Service in the UK.

Illustrated with archive photographs and drawings from Queen’s Nurses’ Magazines from 1948.

It also includes snippets of nursing news from 1948 including public health messages, QN exam questions, and recipes from a time when many rationing was still a part of daily life.

Printed on high quality card in full colour, in A4 landscape format. A perfect present for any nurse or anyone interested in history, health and wellbeing.

All proceeds help us to support working and retired nurses today. Priced at £6.50 (includes post and packaging).

QNI News as it happens - online

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