Summary of CNEN Meeting
London, Friday 1 June 2018

Dr Crystal Oldman welcomed the delegates and speakers to London and gave an introduction to the day. She thanked Hallam Medical for sponsoring the event and also key members of QNI staff including outgoing network co-ordinator, Charli Bevan.

Luke Edwards – Director of Sector Development, Operational Productivity, NHS Improvement

Luke spoke about parallels between community health services and the probation services – and how their relationship with hospitals and prisons has much in common. In both cases, staffing costs are much higher proportion of costs in these community based services (as they have lower establishment costs). But they also attract much less media and political attention, which leads to them being overlooked.

He showed key figures from large data sets, including the amount of time that nurses spend in direct patient care. Approximately 1/3 is spent in patient facing work, 1/3 in administration, and 1/3 in travel, sick leave, annual leave and other absences. The proportion of nurses' time spent with patients while actually in the workplace would therefore be much higher.

He said that data about wound care was poor, and that there was a great deal of variation in the kind of data being collected by different providers, often as the interpretation of the terms varied locally. They intend to pilot a discrete piece of work on wound care to drive improvement in this area.

He mentioned that 25% of record keeping was still paper based and that more needed to be done to improve IT systems and mobile working. More investment in infrastructure is needed and more advice, benchmarking and model contracts can be supplied by NHS Digital and NHSI that will help in future.

Rob Webster, Chief Executive, SW Yorkshire NHS Foundation Trust

Rob spoke about how he had shadowed District Nurses and seen the vital importance of their work.

He drew attention to the fact that people cannot be cured of most ailments – they are something that people live with for the long term and this is why a partnership is so

important between nurse and patient. He said that people's lives and their environment is changing rapidly, which requires an intelligent response.

He showed an excellent short film made by his communications team, which is online at: https://improvement.nhs.uk/resources/celebrating-staff-our-nhs/

He advocated a long term funding plan for the NHS in its 70th year. He drew attention to the importance of community services in that picture, citing the King's Fund report, Reimagining Community Services. He said that partly due to the rise in the number of vulnerable elderly, the public support for more investment in community services was growing.

He then spoke about learning disabilities and how those with these conditions typically die 17 years younger than the average. What can we do to support people with learning disabilities? He said that team working coordinated by District Nurses was a key service.

He spoke about the complexity of managing the system since the 2012 Health and Care Act – the number of different tenders for example. He said the approach he used was People, Place and Prevention. The key to this is relationships rather than structure. Their service footprint is divided into 50 neighbourhoods so helping services to be delivered to people closer to home. So we can give people the best start in life and so they can choose where they want to die.

Janet Davies, Chief Executive, RCN

Janet described demographic factors such as the effect of the ageing population. She described the case of a Community Matron who made Christmas lunch for her patients who she knew would be alone – breaking every protocol there is but delivering compassionate and holistic nursing care. She spoke about the importance of making people feel that they have self-worth and how this can motivate them to try and get well.

She compared the UK with other OECD countries for its nursing workforce. She pointed out that although total numbers are up, this is only 1% compared to a population increase of 5.7% since 2010. There has been an 11% fall in the number of community nurses. 45% fall in the number of district nurses. Wales has now got safe staffing legislation and Scotland is introducing it.

Education – she spoke about the loss of the nursing bursary in England and how this has led to the loss of control over the nursing workforce. Apprenticeships are in her view expensive and complicated BUT they do offer provider organisations the opportunity to forge new partnerships with universities. She said that in 2017 there were only 30 nursing apprentices – hardly an auspicious start.

She also pointed out that the trend towards advanced practice in nursing was due partly to the fact that no other health professionals wanted to do the work that nurses have been increasingly undertaking in recent years – stoma care, wound care, continence. Nobody else was doing that work, that was becoming more complex with new technology and older

patients requiring long term care. However, she said that CPD funding in England has fallen from £200m a year to £80m a year since 2015/16.

Alex Munro, Director, Hallam Medical

Alex thanked the delegates for their commitment and spoke about how agency nurses can help support the work they do. He spoke about the Association of Advanced Practice Educators UK. He also described long term trends in working practices and how today's generation requires more flexibility in working patterns, leading many to seek agency work at times in their life.

Paul Labourne, Nursing Officer, Welsh Government

Paul described the history of the NHS in Wales since it became separate from that in England in 1969. He then described the various regions and how they delivered care, often in rural environments to an ageing population; Wales now has 64 primary care clusters, each of which has approximately 50,000 people within it. He spoke about various laws in Wales, including the 2015 Wellbeing of Future Generations Act. He referenced the Four Principles of Prudent Healthcare, including that home is by default the best place to deliver care unless indicated otherwise.

He moved on to the doubling of commissioned DN SPQ places in Wales to meet rising need. Wales is maintaining the nursing bursary in education. It is piloting a neighbourhood model of care. District nursing will remain a universal, core service. They have also done work on what matters most to patients. There are 8 Interim District Nurse Staffing Principles.

In terms of team size, there is a maximum of 12 whole time equivalent in any one team, of 15 staff in total, led by a nurse with the DN SPQ. There is a 26.9% inbuilt uplift in numbers in order to account and cover for annual leave, sickness, CPD time etc. There is also 15 hours admin support for each team per week. These small teams allow for familiarity, face to face care and continuity.

By 2020 all Welsh regions will share the same computer system for health and social care.

Nicki Patterson, Director of Primary Care, South Eastern Trust, Northern Ireland

Nicki described the community healthcare landscape in Northern Ireland, which has 17 integrated care partnerships. They have an ageing population and two key priorities:

- Better health for everyone
- To reduce health inequalities

They have a priority need to increase the number of pre-registration nursing students in mental health and learning disability.

Their collective leadership strategy means that there is an emphasis on leaders at every level, not just senior leaders.

There is a commitment to develop and implement new technology and mobile working and there must be a nursing voice in this process, to ensure the most appropriate technology is used.

£15m has been allocated to enhance support in primary care. They have taken the strategic decision to reinforce traditional care services, for example District Nursing, and the goal to give patients a named District Nurse. There are no nursing staffing levels enshrined in law, but they are dealt with in the policy framework.

She referenced the Nursing and Midwifery Task Group, led by Sir Richard Barnett, and the Health and Wellbeing Strategy 2026. Their Quality Improvement and Innovation Academy is an initiative to improve the quality of care and outcomes.

There are five priorities for Health and Social Care in 18/19 including the goal of preventing all suicides, reducing unplanned hospital admissions, planning outcomes for older people, and ensuring the best possible health up until the end of life.

In terms of palliative care, work is being done to ensure that people get a choice in where they would like to receive this care.

Northern Ireland has one single system and patient care is its single unifying objective.

Louise Ashley, Chief Nurse and Chief Operating Officer, CLCH NHS Trust

Louise spoke about the large and complex urban population. She spoke about the amazing work that nurses and others did in connection with the Grenfell Tower disaster a year ago. She also referenced the complexity of the commissioning environment and introduced the idea that if you focus on quality, financial resources follow quality.

She described the model of shared governance councils, whereby front line staff inform the Board so that information flows freely within the organisation. Speaking about the Quality Council, this has patient representatives and also must have 50% of the members from a BAME background, which reflects the staff demographic of those on Band 6 and below.

They have a red flag system and quality action teams to intervene if it appears that quality is declining in any area.

All teams are ranked on a ‘ladder of excellence’ – the top level is a ‘quality improvement team’ which serves as a role model. The team members receive a badge and financial incentive.

The shared governance model has led to a reduction in agency nurse use and also did not attend rates by patients. They have a target of 0% agency use.

Their latest CQC rating has improved on most indicators.

Steph Lawrence, Deputy Director of Nursing, Leeds CHNHST

Steph spoke about how her work with the District Nursing Apprenticeship Standard and her collaboration with Mary Saunders of the QNI. They are working on the knowledge, skills and behaviours that will underpin the new apprenticeship. They are hoping to deliver in September 2019.

Questions were asked by the audience including:

How will the apprenticeships be afforded through the employer levy?

How will supernumary status be achieved for the apprentices?

There was also a discussion about the lack of clarity from HEE about future funding, and a discussion about the recent announcement from NHSE about additional funding (golden hellos) but as yet there is no clarity about that either.

Ann Keen, QNI Fellow

Ann spoke about the need to challenge the system that is failing to invest in future nurse education. She proposed a joint letter to Health Education England to voice the network's concerns.

She also spoke about the need to reject the phrase 'I'm just a nurse' and gave practical examples. She also encouraged members to attend the QNI conference in September and hear inspirational American author, Suzanne Gordon, who is speaking on both days. Suzanne's biography can be viewed here: https://suzannecgordon.com/about/

More information about the QNI's conference is on the website here: https://www.qni.org.uk/news-and-events/events/qni-conference-2018/

Letter to Health Education England

It was agreed at the close of the meeting that the QNI would draft a letter to Health Education England to express the CNEN's concerns about future funding for the District Nursing SPQ. The QNI will also draft a model letter that individual CNEN members can send to their MP to lobby individually.

The meeting concluded at 4.30 pm.