National District Nurses Network

Annual Report 2012-13
INTRODUCTION

A key objective for the National District Nurses Network (NDNN) in 2012-13 was to have a more proactive influence on affairs affecting their services nationally. This objective has been achieved with the group now actively engaged with the Department of Health on the Development Programme for Community Nursing Services. Wendy Nicholson, Department of Health is now a regular contributor at NDNN meetings.

The group continued to successfully support members to enable them to actively network and share information and intelligence across a variety of operational aspects of District Nursing services.

In addition to developing links with the Department of Health, the group has also successfully engaged with the Queen’s Nursing Institute (QNI). Crystal Oldman, QNI Chief Executive, attended our last meeting of 2012-13. Developing our relationship with the QNI is an exciting prospect for 2013-14.

The past year has been one where organisational change and financial challenges within community services have continued to impact on the provision of district nursing services. Against this background of disruption and financial constraint, members have not only successfully maintained services to patients but actively sought alternative approaches to ensure continual improvement in service provision.

2013-14 promises to add further challenges to community service providers. The NHS Commissioning Board and Clinical Commissioning Groups become fully operational. Maintaining service standards within strict management and financial controls will become a major challenge. Innovation will become increasingly important to achieve targets and for the future development of district nursing services.

Members have used meetings to keep informed about the integration of community services; comparisons of district nursing specifications and the district nursing role. Members have also compared organisational structures for district nursing; services provided by district nurses and professional leadership.

The NPAG has supported members and helped them to achieve their aims and objectives. In addition to arranging venues, speakers and administering the group, the NPAG NetWork has provided members with the ability to gain information from national contacts external to the group; the NPAG Alert Service has kept members informed of news items related to their service, and members’ attendance at meetings has been rewarded with CPD certification as proof of their continual professional and personal development.

This report summarises the main topics addressed over the past twelve months. In the coming year, members will develop further their links with the Department of Health and the QNI. The group provides a national forum to ensure members continue to develop their district nursing services for the benefit of patients.

My thanks go to David Pugh who has successfully chaired the group over the past year. Every member has actively contributed to the group’s success. Everyone has ensured meetings have been productive and assisted to develop the knowledge base across this proactive peer group. Thank you one and all.

Kevin Brice
National District Nurses Network Facilitator 2012-13

CHAIRS VIEW

The 2012-2013 round of National District Nurse Network (NDNN) meetings have arguably been the most exciting for District Nursing for quite some time.

At our first meeting in June we received a presentation from the QNI informing us of their partnership involvement with the Department of Health (DoH) in developing a new vision for District Nursing. This news, of course was very exciting for the NDNN and thanks to one of our new group members within a matter of weeks we were invited to sit on the Community Nursing Advisory Group (CNAG) at the DoH.

We readily accepted the invitation to join the CNAG and since July 2012 we have actively been involved in attending regular meetings providing us with an opportunity to influence the development of the new vision.

The subsequent NDNN meetings for 2012-2013 were then focused on supporting the development of the new vision document, with regular updates from guest speakers from the DoH and the QNI, whilst at the same time receiving presentations from group members and maintaining the sharing of good practice a key component of the groups purpose.
National District Nurses Network

In January 2013 the vision document “Care in local communities, A new vision and model for District Nursing” was published and I’m pleased to say was well received by NDNN members. Already we have seen the emerging influence of the vision document in some of the group members NDNN provider organisations.

Additionally, the NDNN has been invited to stay involved throughout the Implementation phase for the vision document, which is anticipated to last until at least 2014. This in turn has provided the NDNN with a clear purpose and work plan for the next round of meetings.

As a group we are actively looking to expand membership of the NDNN and are exploring innovative ways of achieving this. At the same time one of other key aims is to develop partnership working with other organisations including the QNI.

From a personal and professional perspective, it has again been a pleasure over the last year chairing the NDNN, and I thank all group members for their positive input and contributions and look forward to continuing to chair the NDNN throughout 2013-2014.

I would also like to thank Kevin Brice for his continued support over the last few years as our group facilitator and wish him well in his retirement. At the same time, I would also like to welcome Sue Hill as our new NDNN facilitator, Sue has extensive experience in District Nursing and I know brings with her a huge amount of passion for District Nursing and I look forward to working alongside her in development of the NDNN.

David Pugh
Chair of the National District Nurse Network 12-13

MEETING VENUES

Members agreed that meetings should be held across the country in 2012-2103 to balance the travel demands as far as possible for all.

Meeting 1 on 13th June 2012 was held in London.
Meeting 2 on 5th September 2012 was held in Leeds.
Meeting 3 on 5th December 2012 was held in Birmingham.
Meeting 4 on 6th March 2013 was held in London

PRESENTATIONS

Members invited a variety of speakers to present on topical issues. This gave members the opportunity to clarify current issues and discuss national initiatives.

Presentation: “What do we want District Nursing services to look like in the future?” – Rosemary Cooke, Director, Queen’s Nursing Institute (June 2012)

• Members were invited to sign up to the QNI newsletter.
• QNI has funding for projects and is happy to assist in getting the voice of DNAs heard.
• 90% of healthcare is delivered when people are at home.
• Two thirds of nursing leaders’ rate community nursing lower than hospital nursing.
• The more complex tasks are less visible .QNI has an electronic forum, i.e. the community nurse forum.
• QNI has re-introduced Queen’s Nurses.
• Fewer than 9,000 qualified DNAs in the NHS.
• 110% increase in healthcare assistants in 10 years.
• Title of DN has disappeared in some places.
• Important for individuals to be recognised for their skills.
• “Nursing People at Home” report on QNI website.
• DH website has models for School Nursing and Health Visiting (see Commissioners)
• DH has national framework for DN.
• 2012 is the 125th anniversary of QNI.
Presentation: “Development Programme for Community Nursing Services”. Wendy Nicholson, Professional Officer Nursing, Department of Health (September 2012)

- Feedback from district nurses felt the role of DNs was sidelined.
- DH responded by looking more closely at community nursing and it was clear that this was very complex.
- Agreed to develop and establish a new service offer for DNs set in the wider context of community nursing.
- Currently concentrating on supporting DNs.
- QNI are commercial partners:
  - Internal programme board
  - Advisory group
  - No. of task and finish groups
  - Also stakeholder groups, e.g. NDNN
- Intend to publish new vision in February 2013
- Live model to be taken over by Jane Cummins (DH) team from 1st April 2013.
- Looking at good practice
- Handouts provided by Wendy Nicholson were circulated to members.


Jane gave a comprehensive presentation on the virtual ward model used in North Somerset Community Partnership. The following questions were raised by members:

- Teams are each structured to meet the requirements of 30,000 populations. All teams are structured the same but the skill sets may be different
- There are 7 wards, all work as one team. Staff are recruited to on team. Vacancies are offered as internal jobs initially and the workforce is flexible.
- If not commissioned we do not provide it. Do capacity planning on number of visits.
- Required a large cultural shift. Community matrons were most affected. Most community matrons are DNs and taking more pride in up skillling other staff.
- Clinical leads are nurse prescribers.
- Patients can stay on step-down as long as may be necessary.
- Approach from ASDA to provide a nurse-led service for their employees.
- Staff have become more business savvy.
- All staff are shareholders in the social enterprise.

Presentation: “Transition to Community Nursing Practice” – Crystal Oldman, Chief Executive, The Queen’s Nursing Services (March 2013)

- Prior to joining the Queen’s Nursing Institute (QNI) as Chief Executive in November 2012, Crystal had spent 17 years as a community nurse in the NHS and 18 years heading community programmes at Buxton University.
- QNI programme used to train DNs, based on skills development and practice focused.
- QNI conference on 24 September 2013 in London (Date to be confirmed).
- Members present agreed the direction taken by the QNI was correct.
- Crystal stated that responses to date to the QNI programme had been positive.
- Members could access the QNI website for information. No cost implications involved. Members accessing the QNI website were requested to leave their contact details.
- Crystal encouraged members to comment on the QNI review by 11 May 2013.
- Only one NDNN member present was a member of the QNI.
- NDNN members were encouraged to get applications into the QNI to become a Queen’s Nurse ASAP.
- QNI is reviewing its strategic plan. Kate Bellingham is new chair of QNI.
- There are 350 Queen’s Nurses at present with the possibility of a further 50 to 60 being appointed in April 2013.
- QNI funding comes for the National Garden Scheme.
- A sponsored Arctic walk was to be undertaken on 14 April 2013 (Details on QNU website).
- Discussions were ongoing about a possible sponsored event from Land’s End to John O’Groats in summer 2014 with stops along the route at open gardens. It was hoped that others would support the event by joining the route for short distances and being sponsored to do so.
Presentation: “Development Programme for Community Nursing Services”. Wendy Nicholson, Professional Officer Nursing, Department of Health (March 2013)

- Wendy is leading on the Community Nurses Development Programme at the Department of Health.
- Scoping vision and service offer for practice nurses.
- Already looked at school nurses and health visitors.
- Will be looking at children’s community nursing services and mental health services.
- The launch date is anticipated to be May 2013 (To be confirmed).
- The vision launched had been well received.
- Once launched it was intended the work be transferred to the National Commissioning Board (NCB).
- The 4 key work areas in 2013 were:-
  - Leadership and acumen of DNs: How to influence and how they can develop services locally.
  - Case load management: Some local tools existed but not all were transferable. Looking for a national tool to be developed. Joint work with the NCB.
  - How we mobilise the profession and raise the profile: What DNs do and do not do. Make sure stakeholders and service users understand. How to link to compassionate practice.
  - How we can shift resources to match the vision of community care: Some of this will be mind sets.
- There was still a bit of flexibility about how to embed this work in the NCB.
- Support for long term conditions.
- Carer’s workstream: Working with DoH lead to support DNs in the role. Link in to local authorities who have large budgets.
- Integrated support, i.e. integration of health and social care.

**DISSEMINATION OF INFORMATION**

All presentation slides and notes have been made available to members of the group. The NPAG maintains a library of such documents for distribution and these are made available upon request to members of other NPAG Groups. In the case of documents submitted by members of the group, these are made available with the agreement of the originator.

**ORGANISATIONAL STRUCTURES FOR DISTRICT NURSING**

Members were invited to present copies of their organisational structures for district nursing to enable comparisons to be made across the national membership base.

**SERVICES PROVIDED BY DISTRICT NURSES**

As a result of discussions on specifications for district nursing services, members agreed to complete a benchmarking exercise to compare the services they provided. Members completed returns identifying all services provided including those contracted outside their core district nursing specifications.

**COMMUNITY MATRON SERVICE**

Members compared their respective community matron services.

**EXAMPLES OF ‘GOOD PRACTICE’ TO SUPPORT THE DH PROGRAMME**

At Meeting 1, following the presentation from Wendy Nicholson, members offered up examples of ‘good practice’ within their organisations.

**CAPACITY MANAGEMENT MODEL**

Members discussed the use of capacity management models across the country. Examples were provided by members, including the use of mobile technology and conference calls to increase efficiency.

**DISTRICT NURSING SPECIFICATIONS**

In the past members had expressed their frustration over the competitive circumstances of budgets for equipment upgrade and purchase. In short, ambitions for new equipment are often thwarted by competition from other capital bids within the trust. This in turn often leaves too short a time to properly consider all options
when funds do become available. In one instance, only a few weeks was available to spend the released capital or the funding was withdrawn.

Standing Financial Instructions (SFIs) in all trusts lay down a limit to expenditure, above which formal tender processes are invoked, ensuring both probity and value. Therefore, framework OGC agreements are seen as a valuable tool, as much of the process has been completed to standard guidelines. Frameworks can also be used to seek the best prices from other organisations, by asking to supply along framework guidelines.

As a principle a set of equipment specifications should be compiled and updated in preparation for times when funding is released. By this method equipment priorities can be assessed and used to determine what to buy. In short the group agreed that to prepare for impending equipment needs, the following points should be borne in mind:-

1. Adopt national framework principles as a standard.
2. Specify in detail the requirements for all existing equipment.
3. Specify the needs of the decontamination processes needed by users (this will evolve over time and necessitate equipment different from that currently in use).
4. Prioritise the risks associated with the equipment life and replacement schedule.
5. Know what is needed before funding becomes available.

**DN SERVICES LEAFLETS**

At Meeting 3, the chair shared with members the DH draft DN service leaflets for service users and professionals. Members held a working group to consider the content of the DH draft service leaflet for service users (patients).

The content of a revised draft was agreed. The resultant draft document was presented by NDNN representatives at their meeting with Wendy Nichols on 10th December 2012.

**MEMBERS’ ITEMS / HOT TOPICS**

This regular agenda item provided members with the opportunity to outline issues considered to be of particular interest, which can help provide an early warning to members about potential successes or failures. Discussions included the following:-

- Energising for Excellence.
- Mobile solutions.
- Liverpool Care Pathway.
- Integrated services with local authorities.
- IV teams.
- Methodology for calculation of staff numbers.
- Telehealth

**THE FUTURE – 2013-14**

The NDNN operates collectively for the continual development of district nursing services in meeting the demands of an ever changing NHS client base. It has successfully enabled managers involved in the delivery of district nursing services nationally in networking and working together to better understand and respond to developments affecting the NHS.

The NDNN offers an excellent opportunity to network with colleagues from across the country, discussing hot topics affecting district nursing services. Why spend time re-inventing the wheel? Why not take advantage of the wealth of experience available to you from across the NHS?

In 2013-2014 the NDNN will work to strengthen its links with the Department of Health and the Development Programme for Community Nursing Services. Members will continue their work on a national specification for district nursing services. The group will actively seek to further its collaboration with the Queen’s Nursing Institute.

As a member you will have the opportunity to influence the selection of speakers and topics, as well as the future direction of the NDNN. You will benefit from being a part of a progressive group of fellow professionals focused on the delivery of quality district nursing services to patients.
National District Nurses Network

2013-14 MEETING DATES

At the last NDNN meeting, we agreed a further round of four meetings for 2013-14 commencing on Wednesday 12th June in Birmingham. The venues for other meeting dates are yet to be agreed.

Meeting 2 will be on Thursday 29th August 2013
Meeting 3 will be on Wednesday 11th December 2013.
Meeting 4 will be on Wednesday 5th March 2014.

The agenda for each meeting is agreed by members, providing the opportunity to tailor discussion to the requirements of the group membership. The focus is on items that support continual improvement through the sharing of knowledge, experience and data.

NPAG DEVELOPMENTS

CPD Certification
The NPAG is a member of the CPD Certification Service. The National District Nurses Network has received CPD approval for 2013-14.

CPD Certification is a formal recognition of the contribution that membership of the National District Nurses Network makes to members' continued professional/personal development.

At the end of the annual round of meetings, members will receive certificates of attendance for all meetings attended during the year to evidence the contribution made as part of lifelong learning.

NPAG NetWork
The NPAG NetWork provides the facility for members to ask questions of any individuals, group or groups within the overall NPAG membership. Questions can be sent to the NetWork Facilitator who disseminates them across the NPAG membership. Responses are collated and returned to the originator and others who declare an interest in the question asked.

NPAG Library
The NPAG Library holds presentations from NPAG best value groups and conferences, together with policy and other documents sent in by members. Access to these items is via the NPAG NetWork Facilitator.

NPAG Alerts
The NPAG monitors websites and bulletins to identify health related news items and announcements that may be relevant to NPAG members. Alerts are circulated to BVG facilitators for them to pass on to the members of their BVGs, where considered appropriate.

NPAG Website
The NPAG website has been revised in the past 12 months and now includes private areas for each of the NPAG BVGs. Through these sites, BVG members can access and download meeting agendas, minutes, presentations and survey forms.

FURTHER INFORMATION & CONTACT DETAILS

For further information about the National District Nurses Network please contact Victoria Combes on 01245 544600 or e-mail: victoria@npag.org.uk

For further information about the National Performance Advisory Group and its Benchmarking and Best Value activities, please contact the NPAG on:

Telephone: 01245 544600
Fax: 01245 544610
NPAG Benchmarking & Best Value Groups

The NPAG organises and facilitates a national network of Best Value Groups that enables members to share experience, identify good practice; innovation and information to assist individual managers develop their own service improvement action plans.

For further information on NPAG Best Value Groups, please contact the following Best Value Group Facilitators:

<table>
<thead>
<tr>
<th>Best Value Group</th>
<th>NPAG Facilitator</th>
<th>Contact Tel. No</th>
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<tbody>
<tr>
<td>BVG for Children, Young People &amp; Family Services</td>
<td>John King</td>
<td>01245 544600</td>
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<tr>
<td>Catering Services</td>
<td>Terry Williams</td>
<td>01245 544600</td>
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<tr>
<td>Clinical Engineering North</td>
<td>Richard Steventon</td>
<td>01282 694657</td>
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<tr>
<td>Clinical Engineering South</td>
<td>TBC</td>
<td>01763 274671</td>
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<tr>
<td>Estates Services</td>
<td>Tony Gent</td>
<td>01245 544600</td>
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<tr>
<td>Facilities (North)</td>
<td>Paul Wilson</td>
<td>01245 544600</td>
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<tr>
<td>Facilities (South)</td>
<td>Roger D'Elia</td>
<td>01245 544600</td>
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<tr>
<td>National District Nurses Network</td>
<td>Sue Hill</td>
<td>01245 544600</td>
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<tr>
<td>New for 2013! National Customer Care Shared Practice Group</td>
<td>John King</td>
<td>01245 544600</td>
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<tr>
<td>Non Patient Transport</td>
<td>Peter Richardson</td>
<td>01245 544600</td>
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<tr>
<td>Nursing &amp; Temporary Staffing</td>
<td>Dale Atkins</td>
<td>07801 374217</td>
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<tr>
<td>Occupational Health &amp; Safety</td>
<td>John King</td>
<td>01245 544600</td>
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<tr>
<td>Operating Theatres Services</td>
<td>Paul Wilson</td>
<td>01245 544600</td>
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<tr>
<td>Portering Services</td>
<td>Irene Gibson</td>
<td>01245 544600</td>
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<tr>
<td>Project Management</td>
<td>Dale Atkins</td>
<td>07801 374217</td>
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<tr>
<td>Resilience Development Network</td>
<td>Dale Atkins</td>
<td>07801 374217</td>
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<tr>
<td>National Support Services Network</td>
<td>John King</td>
<td>01245 544600</td>
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<tr>
<td>Sterile Services Benchmarking Club</td>
<td>Jo Kerrigan</td>
<td>01245 544 600</td>
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<tr>
<td>Sustainability</td>
<td>John King</td>
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<td>Telecoms</td>
<td>TBC</td>
<td>01763 274671</td>
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<tr>
<td>Waste Management Services</td>
<td>Sue Berry</td>
<td>01245 544600</td>
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CPD Certification is a formal recognition of the contribution that BVG membership makes to members' continued professional/personal development. Members receive CPD certificates of attendance for all meetings attended during the year to evidence the contribution made as part of lifelong learning.

For further information on the NPAG and our future activities, please contact Marie Cherry or Victoria Combes by telephone on 01245 544 600, or by e-mail on marie@npag.org.uk or victoria@npag.org.uk.
Available to all members of NPAG Benchmarking, Best Value Groups and Development Networks the NPAG NetWork provides the facility for members to ask questions of any individuals, group or groups within the overall NPAG membership.

The response to questions raised has been excellent. The NPAG NetWork provides a managed forum for colleagues to share information - saving time and money in not re-inventing the wheel!

Questions raised in the past month have included the following topics: -
- Pathology waste policy
- Facilities audit tool tools
- Decontamination of portable medical equipment
- Ward hairdressers
- Laundering Heat Labile items
- Fleet vehicle insurance
- Use of latex gloves
- Use of chute system for waste disposal

Thank you all who have responded!

For full details of how to use the NPAG NetWork, please contact Bill Plumb on 01245 544600, or e-mail: bill.plumb@npag.org.uk.

Forthcoming NPAG Events
Please visit www.npag.org.uk for all our current course, workshops, training & BVG meetings.
Telephone: 01245 544600 or email victoria@npag.org.uk or marie@npag.org.uk

Spring / Summer 2013 - Clinical Professional Development for Occupational Health Nurses
- Pre Employment Clearance
- Spirometry
- Management of Physical Hazards
- Sickness Absence Management Referrals
- Health & Safety

Please contact Victoria Combes for details.

Putting the Patient First – Customer Care and Communication Skills in the NHS Training Workshop
A one day workshop for NHS professionals, reinforcing customer care best practice so that patients receive the best possible experience through our people, always Putting the Patient First:
- Understanding the impact of your own behaviour on others
- How to handle challenging situations and people
- Effective communication techniques
- Understanding and managing patient expectations
- Identifying how and why perceptions are formed
- Proactive versus reactive behaviour
- Demonstrating a positive attitude
- Taking ownership

Please contact Marie Cherry to organise your on-site workshop.
REGISTRATION FORM

NATIONAL DISTRICT NURSES NETWORK 2013-14

ORGANISATION

ADDRESS

Type of organisation: NHS [ ] Social Enterprise [ ] Other [ ]

PHONE NO. [ ] FAX NO. [ ]

Member 1 for a £550 fee (4 meetings) Member 2 for an additional £145

NAME

POSITION

EMAIL

SPECIAL REQUIREMENTS

(Dietary/Access)

Reservations

Please send completed booking form to:

Photocopies acceptable

National Performance Advisory Group

87 Coval Lane

Chelmsford

Essex, CM1 1TQ

Tel: 01245 544600

Fax: 01245 544610

Email: victoria@npag.org.uk

www.npag.org.uk

Invoicing

If the invoice address is different from that above please enter address below

BOOKING CONDITIONS:

A VAT invoice will be issued. VAT Registration No. 654 9195 01. VAT applies to any NHS organisation outside England and to any non-NHS organisation.

Payment is due on receipt of invoice. DO NOT send payment in advance of receipt of invoice. When invoice is received, payment should be made to ‘East of England Ambulance Service NHS Trust.’

ALL cancellations must be in writing. Cancellations received up to 2 weeks before the date of the first meeting will receive a full refund less an administration charge of £100. After this date refunds cannot be made. A substitute is acceptable. NPAG cannot be held responsible for any travel expenses or accommodation costs in the event of a cancellation or postponement of a meeting, workshop or an event.

I confirm that I have read and accept the above BOOKING CONDITIONS and would like to register as a member of the ‘National District Nurses Network 13-14. Please invoice me for payment.

Authorisation Signature ………………………… Your Order Number……………………………

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