Annual Nursing Report

Leeds Clinical Commissioning Groups

Working together towards the ‘One Leeds’ vision
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Leeds has three Clinical Commissioning Groups with 108 member GP Practices; we collectively buy and plan (commission) care for around 819,000 people.

There are 56 nurses employed by the CCGs, who work closely with commissioners, providers and external organisations (some examples are below). These partnerships help ensure high quality, safe services and to maintain professional standards.

This annual report gives you the chance to find out what nurses working within the three CCGs have achieved in 2015-16, under the leadership and guidance of our three Directors of Nursing and Quality (see page 3).

Throughout this report we celebrate our many successes, achievements and outline priorities to support the nursing agenda in to 2016-2017.

Who are we?

Leeds West CCG
Population: 350,000

Leeds North CCG
Population: 212,600

Leeds South and East CCG
Population: 257,000

Number of nurses working in the CCG: 56
Number of nurses and health care assistants in general practice:468

What do we do?

Safeguarding
Commissioning
Support General Practice
Provide continuing care in the community
Monitor quality in care and service provision
Executive Summary

The role for nurses in NHS Leeds CCGs is...
To promote a culture where improving the population’s health is at the heart of all we do. We work with colleagues to ensure the quality and standards of care are the best they can be across the city.

Our highlight for the year was...
Establishing our citywide Nursing Delivery Group, because collectively we have a more powerful voice with stronger leadership. We can work in a more joined up way to provide better value and benefit all our patients.

Some great examples of work we want to highlight. We...
- Worked some shifts in St James’s Hospital; we gained and shared insight about working in different organisations that will influence how we design new models of care and new ways of working
- Supported nursing colleagues with preparing for revalidation (see page 4)
- Introduced more placement opportunities for student nurses and new ways of developing colleagues through apprenticeships (see page 11-12)
- Provided leadership training and promoted nurse leadership roles throughout the CCG and within general practice (see page 15)
- Celebrated our 4th Practice Nurse conference (see page 10)

Our priorities for the coming year are to...
1. Develop an effective and well-supported primary and community care workforce according to the ‘One Leeds’ vision
2. Provide more placement opportunities so learners choose to start their career in primary and community care
3. Influence and lead new models of care and new ways of working
4. Embed NHS England’s Chief Nursing Officer’s new framework for nursing, midwifery and care staff – Leading Change, Adding Value

Working better together so our patients receive the best care possible

Our Directors of Nursing and Quality

Within the Leeds CCGs, the Director of Nursing has many different roles, including:
- Offering professional support and development to nurses working in clinical and non-clinical roles within the CCG
- Working with Chief Nurses in provider organisations to ensure professional standards and competencies are met, and high quality care is delivered
- Working with Universities, NHS England, Health Education England and other organisations to influence the future education and development of our profession
- Offering support, advice and influencing how the workforce is used so our profession is sustainable, credible and competent in the future

The Director of Nursing is professionally accountable for all registered nurses working within the CCG in patient facing and non-patient facing roles.

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How the Nursing Delivery Group is gearing up…

Senior nurses working in the three CCGs have set up a forum for sharing best practice and developing innovative plans called The Nursing Delivery Group (NDG). The NDG formed in 2016 and aims to meet six times per year.

Its members include those who work directly and indirectly with patients, including continuing care colleagues, safeguarding leads, lead practice nurses, primary care team managers, quality managers and nurse colleagues with a wide range of commissioning roles. The meeting is chaired by one of our three Directors of Nursing and Quality on a rotational basis.

The forum is a professional group whose purpose is to drive and deliver the internal nursing agenda and to use formal network activity to share information with the wider nursing community. The NDG also provides nursing input into the Clinical Commissioning Groups when they look at commissioning new services or de-commissioning existing services.

Nurses attending the NDG contribute to a joined up work plan. Our work plan is already emphasising the significant contributions our profession is making, particularly towards development of services and workforce across Leeds and beyond. As the plan develops further it will focus increasingly on supporting the transformation of nursing in Leeds to a more joined up way of working, such as New Models of Care, and it will set the strategic aims and direction of the nursing profession in the city, both internally in the CCGs and wider, in the community and hospitals for example.

This report highlights the work we have already started to address these issues locally, as well as considering how we can use our influence at national level.

As a result of our meetings so far…

*We have developed strong working relationships with a clear vision for joined-up nursing, informing “how we do it in Leeds.”*
The Leeds Nurse Senate: learning from international colleagues

The Leeds Nurse Senate is underpinned by Leeds Institute for Quality Healthcare (LIQH), which is hosted at Leeds University. The senate has representation from all acute providers (such as hospitals), CCGs, primary and community care, hospices, independent and voluntary organisations. In 2015 three key work streams were set up, helping colleagues to start learning and working together collaboratively across organisations.

A professional leader’s programme (PLP) brought both primary and secondary care health and social care professionals together to focus on systems leadership and tackle city-wide health priorities. Three key work streams examined current practice in falls prevention (frailty), managing chronic obstructive pulmonary disease (lung disease) and cardiovascular pathways (heart disease). Outcomes of the work focused on making the care we deliver more consistent.

An advanced leaders’ programme brought those with strategic professional roles together to inform, support and ‘unblock’ systems and processes to help drive the work undertaken by those on the PLP.

This relationship development proved effective, so in June 2015 a visit to Amsterdam took place looking more intensely at nurse-led systems and models; the group took a fresh look at a different way of working, emphasising nurses as self-managing agents of change.

One LIQH team comprised of a general practitioner, Lead Practice Nurse, community physiotherapist, community matron, pharmacist, elderly medicine registrar and a public health worker
Supporting the national nursing agenda
How Leeds nurses are responding to revalidation

Revalidation is the new process from Apr 2016 that nurses need to follow to maintain their registration.

Nurses working in the three NHS Leeds CCGs have worked hard to make sure nurses are aware of what this means for them and are well-prepared, addressing any concerns they might have along the way. To do this, we ran events such as ‘Retire or Revalidate?’ workshops, supper clubs, and included the topic on our annual conference agenda (see photo below). We have also introduced revalidation champions and held face-to-face communications.

All those present at a ‘Retire or Revalidate?’ workshop agreed the revalidation process was not a reason to pursue retirement and agreed to undertake their revalidation.

The CCG has gained assurance from our partnering organisations that systems are in place to ensure all nurses and employers are aware of their responsibilities towards revalidation.
Supporting the citywide nursing agenda
What NHS Leeds CCGs did in 2015-2016...

Continuing Care Team
The clinical service manager manages a team of approximately 30 nurses who work on behalf of the city, hosted by NHS Leeds South and East CCG. The nurses working within the team are professionally supported by the Director of Nursing, and the clinical service manager is an active member of the NDG, ensuring the team is strategically represented.

Contracture Management
A combined team of an Occupational therapist, Physiotherapist and Quality assurance manager have worked together to produce a risk assessment for all contracted care homes across Leeds. The assessment is completed for all individuals when they go into a care home, but is aimed at those who receive continuing healthcare funding. The process is designed to be used on a monthly basis, with an educational package delivered to care homes and Continuing care team members. It also comes with a pack to support patient management, ongoing referrals and a sample letter for GPs to request specialist treatment.

Developing leadership
12 members of the team have completed a Leadership and personal Excellence Programme, designed to support team members in their own personal development and skills, but also how the role of nursing can support working within the current NHS landscape.

Safeguarding
In July 2015 NHS England clearly set out the safeguarding roles, duties and responsibilities of all organisations commissioning NHS Healthcare. The Safeguarding Team has had additional investment to ensure it has the capacity and resources to meet the additional safeguarding responsibilities for CCGs when they take on commissioning of primary care from April 2016. The new team structure fully reflects the ‘Think Family, Work Family’ approach adopted by Leeds.

In 2015/2016, the safeguarding agenda grew nationally, regionally and locally. It now includes: Child Sexual Exploitation (CSE), human trafficking, modern slavery, forced marriage, domestic violence, Female Genital Mutilation (FGM), Mental Capacity Act (MCA), Deprivation of Liberty Safeguards (DoLS) in the community, and Prevent. The safeguarding team are making good progress in responding to the additional demands. The Designated Nurses are members of the NHS England Safeguarding national and regional sub-groups including Child Sexual Exploitation, Female Genital Mutilation and Mental Capacity Act, in addition to active membership of the Leeds Safeguarding Children’s Board and Leeds Safeguarding Adult Board.

City Wide Pressure Ulcer Reduction Group
Pressure Ulcers (PU) are a significant cause of patient harm and most are preventable. In 2015-16, nurses from the three CCGs contributed to a City Wide Pressure Ulcer Reduction Group. The group aims to reduce incidences of PU in Leeds by working collaboratively with hospitals, community healthcare settings, hospices, local authority and CCGs. Early work focussed on information, reporting, raising public and professional awareness, prevention and early detection, safeguarding, improving consistency in clinical practice, pathways and education across the city. The group looks forward to increasing prevention of PU in primary care and is leading work to secure an ambition of eliminating grade 4 PU.
Supporting the citywide nursing agenda
What NHS Leeds CCGs did in 2015-2016…

Care Homes

Health Care Acquired Infections Project Nurse

This is a joint initiative between NHS Leeds North & NHS Leeds South and East CCGs, with support from Leeds City Council and hosted by Leeds Community Healthcare NHS Trust.

A new project nurse role was created to provide support to care home and GP staff in infection control in healthcare settings, but with a focus on Clostridium Difficile.

The nurse was working with care homes to introduce them to local guidelines, intensive education and support and to prevent poor practice. The nurse also worked closely with the nurse specialist at Leeds Teaching Hospitals Trust to support care of this specific group across organisations.

An example of this work included risk assessing all residents with urinary catheters and planning their individual care to minimise the risk of catheter acquired infection.

This 12 month post concluded in January 2016 and NHS Leeds South and East CCG is now looking at ways to include the role as part of the new models of care.

Focus Group

The group was set up in 2014 and focuses on care home groups and schemes across the city. In particular:
- Sharing best practice
- Identifying and sharing concerns
- Understanding key priorities and escalating to the appropriate committees recommendations / reviews required

The scope of the group is to:
- Identify duplications and gaps
- Support groups to collaborate in order to prevent duplications and address identified gaps
- Support city wide groups to improve communicate regarding projects being developed, preventing duplication.

The Leeds West Enhanced Care Home Scheme

The scheme brings together different professionals including occupational therapists, physiotherapists, speech & language therapists, dieticians and care home nurses. The Calderdale Framework (CF) is being applied, to learn if and how roles can be shared and blended. CF outcomes may be scaled up, supporting new ways of working in other areas of practice where appropriate.
Learning disabilities and autism

A Leeds & York Partnership NHS Foundation Trust CQUIN (Commissioning for Quality and Innovation) payment was introduced to support primary care to increase the quality and uptake of annual health checks for people with learning disabilities (LD). A number of training sessions were held and 30 GP practices signed up across Leeds.

With support and guidance from the CQUIN nursing team each practice reviewed its current process for identifying people with LD, offering annual health checks and developing health action plans. The nurses suggested reasonable adjustments and interventions, including adopting easy read information. Their work has been received very positively. Practices were also encouraged to use a list of standard Read Codes to make sure LD registers are more accurate and enables the team to identify a broader range of issues.

This work has significantly increased awareness and helped practice staff find ways to improve the service they offer to people with LD. The CQUIN nurses have become a point of contact for GPs and practice nurses; they have also attended events for service users and carers promoting value of the health check and benefits of having a health action plan. Although the CQUIN came to an end in March 2016, work is underway to look at ways of continuing this longer term.
‘Let’s connect’

Our 3rd city wide practice nurse conference was based on one of the Chief Nursing Officer’s 6Cs ‘Communication’. It was extremely well received and evaluated; over 120 delegates attended.

Anne Moger, Practice Nurse Advisor for NHS England delivered the key note speech, highlighting the new direction of travel within the NHS. She focused on the 5 Year Forward View and Shape of Caring Review.

Theresa Chinn, founder of WeNurses, encouraged everyone to network using social media; she promoted it as a tool to support revalidation.

Marina Lupari, Professional lead for Primary Care and Community Nursing at the Royal College of Nursing shared more insight into revalidation and our individual responsibilities.

Our 4th conference on 7th July 2016 builds on this agenda with the theme…

Now for something completely different…

let’s implement the Five Year Forward View
Supporting our general practices
How lead practice nurses are influencing & supporting learning

Health Education England: Advanced Training Practice Scheme

The Advanced Training Practice Scheme is now 2 years old and has 19 practices providing placements for student nurses. 46 student nurses have had an opportunity to work in General Practice. 80% said they would now consider a career in practice nursing.

Mentorship

A focus on supporting learning in Practice has generated 10 more mentors

Nurses who support training and development of undergraduate student nurses need to hold an additional qualification. The mentor qualification is relatively uncommon in general practice but CCG lead practice nurses have worked with practice nurses and Leeds Beckett University to better understand how we can increase uptake of mentor training so we can support more students in general practice placements. An extension to this qualification to ‘sign-off mentor’ is needed when supporting third year students because mentors take on the additional responsibility of confirming the student has met the right level of competence and is ready to be added to the Nursing and Midwifery Council register as they qualify.

General Practices need to support more third year students on final placement because it will increase the chance of graduating students being appointed directly into job vacancies within their placement practices. The CCG Lead Practice Nurses are continuing to work with the university and ATP hub to continue increasing the number of mentors in practice and are starting to have conversations about how we can support ‘sign-off mentor’ training.

Preceptorship

A pilot ‘preceptorship’ programme in NHS Leeds West CCG - supporting foundation training for new Practice Nurses in the first year after qualifying - has been successful. Seven are now working in Leeds practices as a consequence.

The programme structure has been shared at conferences nationally and internationally and was also shortlisted in the innovation category at the 2015 GP Awards.

Colleagues from the three CCGs are working with Health Education (Yorkshire and the Humber) and the Leeds universities to share and learn from this work.
Supporting our general practices
How lead practice nurses are influencing & supporting learning

The Lead Practice Nurses have participated in steering group meetings at two Leeds Universities to influence their undergraduate curriculum in relation to community nursing – especially practice nursing.

A lecture about the Year of Care approach to long term conditions management was delivered to undergraduate student nurses by the CCG Lead Practice Nurses. This new addition to the curriculum was requested by the CCG Lead Practice Nurses after it was identified that this was a gap in previous learning. We anticipate the session will now be delivered on a regular basis at Leeds University for 2nd year students.

TARGET Training

Advanced Nurse Practitioners, Practice Nurses and Health Care Assistants come together five times a year for training and development sessions alongside their GP colleagues. In the last year we have covered:

- Learning Disabilities and mental health
- Safeguarding
- Revalidation
- Long term conditions – including Year of Care, Chronic Obstructive Pulmonary Disease update, including and how to take and interpret a spirometry result, Diabetes, pre-diabetes and carbohydrate awareness
- Sexual Health and contraception
Supporting our general practices
The Year of Care approach to Long Term Conditions annual review

The NHS Five Year Forward View, which sets out the future vision for the NHS, notes that Long Term Conditions (LTC) are now a central task of the NHS and nurses play a key role in delivering this care in general practice. This care requires a partnership between the nurse, patients and carers over the long term rather than providing single unconnected ‘episodes’ of care’.

People living with long term conditions (LTCs) are the biggest users of the NHS services and the largest part of the health service budget is spent on their support. The health and care system must support individuals to have the knowledge skills and confidence to design and manage their own health and care, and to support one another in the context of their wider families and communities.

To deliver this personalised approach of care and support planning Leeds have invested in “The Year of Care”. Nurses have embraced this approach and there have been many changes in general practice to deliver the principles and philosophy of the new model of care delivery, from the way health care professionals interact in face to face consultations, to how professionals are trained and what support people can access, including support for carers and their family members. This level of commitment is clear from the increase in number of Year of Care annual reviews for patients (see graph below left).

There are already many examples of patients who have benefitted from this approach. In future Annual Nursing reports there will be evidence to support local improvements in health outcomes, driven by the Leeds nurses.

Leeds South and East CCG nurses met at a TARGET training session, and designed a peer review framework which enables nurses to evaluate their Year of Care work with patients and share good practice. If it works well, we will look to share this work across Leeds and wider.
Supporting our general practices
Paediatric Asthma Project

The paediatric asthma project aims to improve care and reduce admissions for children with asthma in Leeds West CCG localities. We engaged with 370 people including children with asthma, their friends, parents, carers and teachers.

Using a survey, focus groups and a video we were able to gather their thoughts and experiences and find out what we could do to support children with their asthma.

Education has been delivered to 29 out of 37 practices in Leeds West, and seven nurses have completed a 2 day accredited asthma certificate course. Various tools and resources to support primary care staff and standardise evidence based asthma care have been developed in addition to education, and support with shared asthma clinics.

These include:

- A risk stratification tool identifying those with poor control
- An asthma recording template
- Protocols

Baseline & second round data shows improvements in:

- Review of high risk patients
- Use of self-management plans
- Use of the asthma control test
- Checking inhaler technique and peak flow
- Checking height
- Recording smoking status & exposure to smoke

The project team are working with schools. With our support 16 schools have achieved 'asthma friendly status'; a further 15 are working towards this award.

A group of drama students from a local high school are developing a film with clinical guidance; it will raise awareness of asthma among their peers.

We are working with Capital FM and children from a local primary school to produce a series of film clips and radio adverts that will be used as part of a social media campaign over the summer months.
Supporting our general practices
Workforce initiatives in General Practice

CCG lead practice nurses are working with Health Education England to adapt and improve our Primary Care Workforce analysis tool:
1. To reflect individual practice staffing data as well as the collective (skills) asset in collaborations and federations
2. To consider how data relates to other workforce profiling tools used in the city

Lead practice nurses have presented at a return to practice (RTP) course approved by The Nursing & Midwifery Council and a third nurse attending the course is undertaking her placement in general practice.

Practices are experimenting with non-nursing placements to see if they can meet the demand for recruiting more staff. NHS Leeds North and NHS Leeds West CCGs have provided physician associates placements. Role emerging occupational therapy placements have been provided in NHS Leeds West CCG.

“Our Practice Nurses - leading from the front…”

Leadership programmes
Practice nurses don’t experience the traditional nursing hierarchy and career framework of other nursing groups. The nature of their roles means they work in small organisations without the same opportunities to develop their leadership skills as nurses working in larger organisations. Many work in lead nurse roles but have not accessed leadership and management training.

In recognition of this, the NHS Leeds CCGs funded two courses for practice nurses. Both were rated highly by practice nurses and practice managers; they saw improvement in participants’ confidence and optimism.

Action Learning sets
Nurses attending the NHS Leeds North and NHS Leeds South and East CCG leadership programme continued learning and developing as a facilitated action learning set, meeting every six weeks for 12 months. NHS Leeds West CCG ran its programme for 6 months and encouraged delegates to continue meeting at Supper Club. The invitation to attend Supper Club was also extended to nurses from all of our partnering organisations. It is a small, friendly environment offering informal revalidation insight, clinical supervision and it is an ideal forum for nurses wishing to share experience of their leadership journeys.

As a result of our programmes...
- A NHS Leeds North Practice Nurse now has an executive role
- A NHS Leeds West Practice Nurse sits on the Board of the Primary Care Network; six colleagues support her as Locality Lead Practice Nurses
- A NHS Leeds North Practice Nurse attends the clinical portfolio meetings, helping to influence the self-management agenda for the CCG
- Two Practice Nurses are ‘Revalidation Champions’; supporting nursing colleagues working in general practice and across the 3 CCGs
Health Care Assistants (HCAs) are the fastest growing workforce group within general practice. Their training and career development is varied, as is the amount of support they receive in their roles. Roles are increasing in complexity and they are taking on many of the skills that in the past a practice nurse would have performed.

A citywide forum has been developed to offer support, guidance and allow the HCAs to feed back to the CCGs about the challenges experienced in practice. This means helpful strategies can be considered and offered. We are seeking ways to encourage HCAs to gain the Cavendish Care Certificate (for all those new to caring roles), by encouraging apprenticeships wherever possible.

**Two HCA apprenticeship frameworks have been reviewed this year.**

- The Integrated Health and Social Care apprenticeship is an excellent example of organisations working together to create an innovative training pathway. The CCGs were involved with the design and planning of the programme and we aim to develop it further by offering placements in Leeds practices.

- The Health Education England (Yorkshire and Humber) HCA Apprenticeship in March 2016 resulted in a number of HCAs taking up apprenticeships in Leeds. A further intake is planned for September 2016. These cohorts of HCAs have been encouraged to network with other HCAs to share their views and experience, making sure those already in HCA roles hear about new developments and opportunities to progress in their career if they wish to.

**As a result of our meetings…**

Twelve HCAs have identified they want to undertake student nurse training; mainly through a part-time route. They want more information about how the removal of the bursary will affect them.
And now for something really different…

Case Studies: New Models of Care

Meanwood Neighbourhood Group

The Head of Nursing at NHS Leeds North CCG and the Clinical Lead for Chapeltown and Wetherby Neighbourhood team have been working to bring practice and community nurses together within the Meanwood neighbourhood.

They have identified a real appetite to work together and have already highlighted some key areas to explore further. There have been early discussions considering if an integrated hub clinic could offer a wider range of services than they currently do, including catheter care, Hickman line flushing and complex wound care.

The purpose of the clinic would be to:

• Encourage better relationships to develop between general practice and community care staff through the experience of joint working

• Provide the opportunity for development of new or advanced skills through joint working and peer supervision

• Provide more accessible and efficient care by offering specific appointment times for patients
The Armley Multi-speciality Community Provider Pilot

The NHS Leeds West CCG Lead Practice Nurse is supporting this pilot, which is based in a location that enables joined up working with the neighbourhood nursing team. It aims to provide services for communities in one place (see picture on the next page). It will allow staff and patients to create social networks based on trust, which enable the delivery of high quality care. Working this way will improve patient experience by:

- Developing teams with different roles and skills in a ‘single team approach’
- Reducing the number of care teams a patient needs to speak to
- Reducing unnecessary patient assessments
- Care planning which is led by the patient

The aims of the pilot in the words of those designing and delivering it:

- ‘Improve the health of the community by improving the health of the individual’
- ‘To help patients understand and manage their own health’
- ‘It’s a privilege to travel through life with patients and their families’
- ‘Gaining personal and professional satisfaction in helping the individuals in our populations.’
- ‘We can achieve our individual purpose better by working together’
- ‘Preserve the core values of general practice but flourish by coming together’
- ‘Engage with population to combine resources and deliver the best innovative care’
The Armley Multi-speciality Community Provider Pilot

Supported by one care team:

One leadership:

1. ACCOUNTABLE GP (POPULATION HEALTH & MONEY)
2. LEAD PRACTICE NURSE
3. LEAD PRACTICE MANAGER
4. LCH LEAD
5. LCH LEAD
6. ASC (ACCOUNTABLE SOCIAL WORKER)
7. LYPFT
8. LYPFT
9. THIRD SECTOR
10. MANAGEMENT SUPPORT
11. PROJECT MANAGER
12. TEAM COACH
13. LEEDS CITY COUNCIL
14. PATIENT LEAD

= 150 staff
In Summary

**We delivered in these key areas...**

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<th>The Nursing Delivery Group (NDG) is a forum for sharing ideas and developing innovation. Its purpose is to drive the internal nursing agenda and disseminate information to the wider nursing community.</th>
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<td>Nurses should continue to contribute towards collaborative projects initiated through the nursing senate</td>
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<td>Ensure we are involved with and contribute to discussions around new models of care</td>
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<td>Revalidation preparation needs to be robust; colleagues in strategic assurance roles need to be satisfied with our state of readiness</td>
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<td>We need visible and tangible leadership roles for nurses in general practice</td>
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<td>Workforce development, including training and education opportunities needs to be promoted in general practice</td>
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**...and these are our outcomes...**

| A unified forward work plan which shows the significant contributions CCG nurses are making in Leeds |
| Learning from LIQH and the Netherlands has been shared with colleagues who are developing new models of care. The concept of nurses as self-managing agents of change is being emphasised across all patient facing and non-patient facing roles where possible |
| The Meanwood Nursing Group and Armley Multi-speciality community provider models are great examples of how nurses are working innovatively and collaboratively between organisations and across localities |
| A survey shared between the CCGs and across general practice confirms nurses are well prepared. We have a system in place ensuring care home staff are aware of the new revalidation process |
| As a result of bespoke leadership programmes… |
| ✓ A NHS Leeds North Practice Nurse has an executive role |
| ✓ A NHS Leeds West Practice Nurse sits on the Board of the Primary Care Network; six colleagues support her as Locality Lead Practice Nurses |
| ✓ A NHS Leeds North Practice Nurse attends clinical portfolio meetings, helping to influence the self-management agenda for the CCG |
| ✓ Two Practice Nurses are ‘Revalidation Champions’; supporting nursing colleagues working in general practice and across the 3 CCGs |
| We have: |
| ✓ Increased the number of mentors in general practice and discussed how we can proliferate numbers further with Leeds Beckett University – particularly in relation to sign-off status |
| ✓ Supported our ATP hub to increase the number of student nurse placements |
| ✓ Helped to develop 2 HCA apprenticeship programmes and inducted learners on to one programme already |
| ✓ Successfully completed a pilot preceptee practice nurse programme; 7 new practice nurses are working in practice. Learning from the pilot is helping to inform a structured education pathway for future new to role practice nurses |
| ✓ Developed a city-wide HCA Forum promoting role development and training opportunities, particularly for those wanting to enter pre-registration courses. |
Challenges for 2016-2017

- Work towards embedding the new Chief Nursing Officer’s framework for nurses, midwives and care staff: *Leading Change, Adding Value*.

- Support the ‘One Leeds’ agenda through the Inspiring Change initiative. Inspiring Change is the name for a set of changes taking place over the next few years in health and care in Leeds. The changes aim to make care better and fairer, while helping to address the financial challenges faced by all publicly funded health and care services. You can find out more at [inspiringchangeleeds.org](http://inspiringchangeleeds.org).

- Find ways to influence population based health care by working across and between organisations, ensuring patients are central to decision making processes and inform new models of care.

- Continue to support workforce initiatives, including:
  - Developing new ways of working for existing staff
  - Helping to advise and develop new roles or support role sharing / blending using risk assessment frameworks
  - Attract and retain a Leeds workforce – by increasing the number of students experiencing primary care placements and supporting return to practice initiatives

- The NDG forum should be used as resource to give nursing oversight and clinical influence into any services, including those that may be commissioned or decommissioned.

- Consider ongoing funding of the Health Care Acquired Infections project nurse, using the Leeds Community Healthcare NHS Trust contract.