

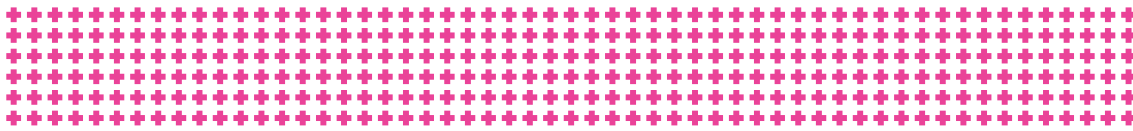
# Community Nursing Innovation Programme - Self-Funded Final Report Summary 2023



The QNI's Community Nursing Innovation Programme (CNIP) is the successor to the charity's Fund for Innovation Programme. The programme supports nurse-led projects that improve care for people in the community. The QNI has been supporting nurse-led innovations in the community for over thirty years and some 400 projects have benefited from support, leading to improved care for tens of thousands of individuals and families.

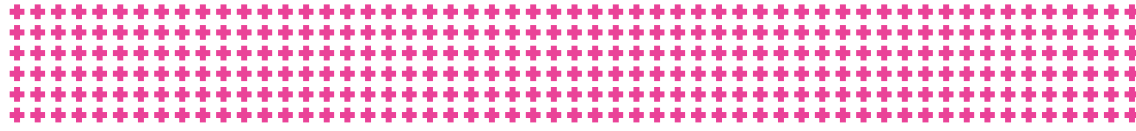
These 5 self-funded nurse-led projects all aim in different ways to improve the health of a community or group of people in a particular location, using innovative approaches. All the projects benefit from a year of support by the QNI's Innovation Team, and financial support to enable them to put their projects into action. Learning from the projects will help inform future developments in community healthcare.

The following is a summary of their final reports.

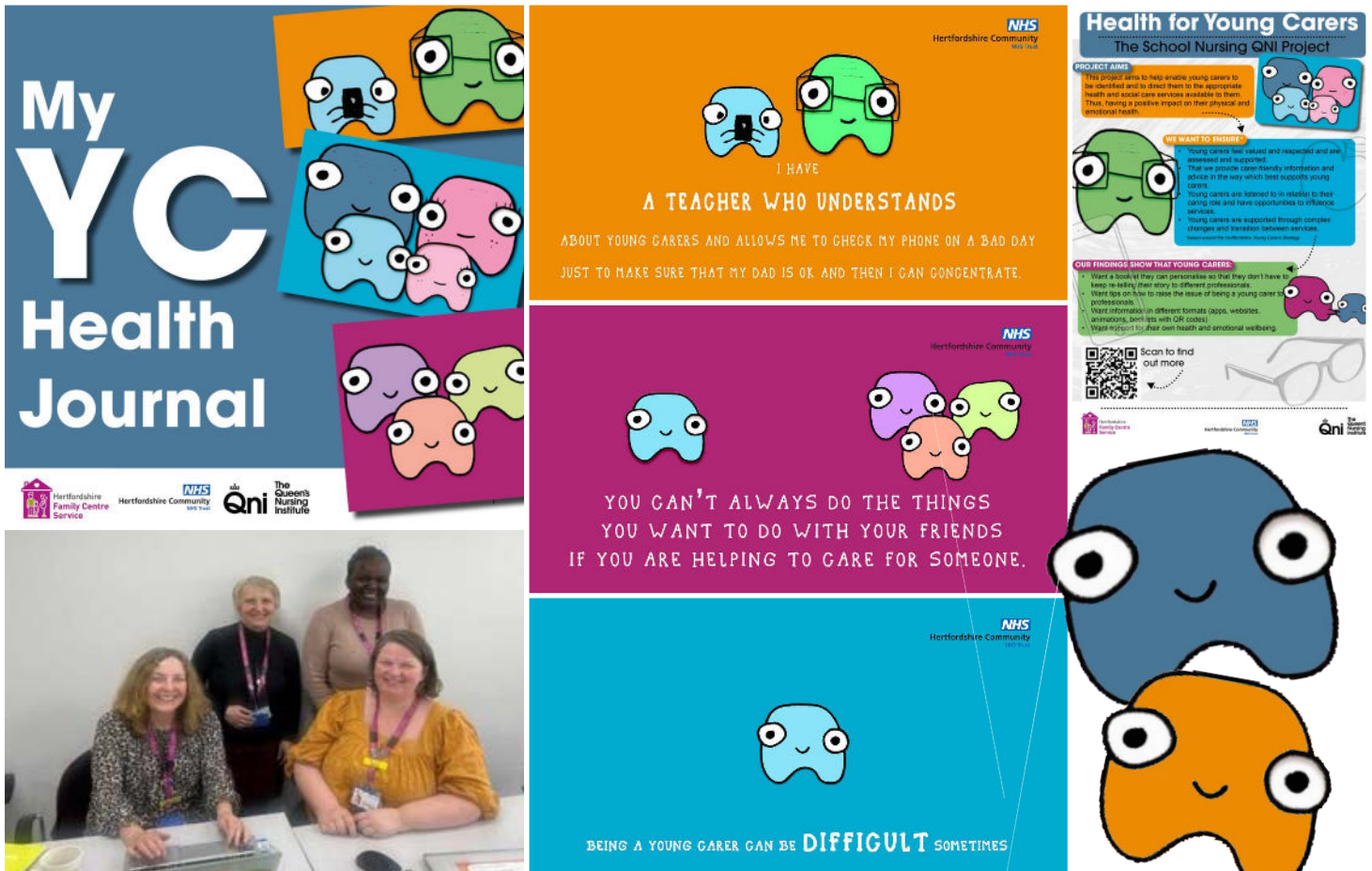


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# Health for Young Carers project



Above: top left: the health journal; top middle: the assets; top right: the poster made for the project; bottom left: the project team

## Project team

Andrea Spatling, Alice Maggs, Sue Crosbie and Jane Mureithi, School Nurse Practice Assessors, Hertfordshire Community NHS Trust

## Project aim

To help enable young carers to be identified and to direct them to the appropriate health and social care services available to them, thereby having a positive impact on their physical and emotional health.

## Summary

Young Carers (YC) wanted a booklet that could be personalised so that they didn't have to keep re-telling their story to different professionals. Young Carers have their own health needs which are often overlooked due to their caring role.

This project set out to empower this group of young people to have a voice that would be heard.

The booklet and whiteboard animation which were developed are based on the key outcomes from the Carers Strategy 2022-2025.

Three groups of young carers were involved in engagement workshops across secondary schools county-wide covering a diverse demographic (23 children in total were involved aged between 12-15 years). They guided us with the content of the booklet and animation and a YC did a voice over for the animation.



‘I want my friends at school to understand what it means to be a Young Carer and what it means to have a disability.’



### Key outcomes

- Raising the profile of the school nursing service.
- Improving the identification of young carers and offering them support in a format that they would want to engage with.
- Creating a Young Carers page within the school nursing website.
- Producing a user-friendly booklet with the voice of the young person at the forefront. The booklet is available to all young carers in the county.
- Developing a whiteboard animation with the voice of the young person being central to the project. This was achieved by working alongside a local Screen Art Academy School.
- Communication has improved between the local young carers’ charity, school and school nursing by producing user friendly material.
- The 4 schools that participated in the project were empowered and are considering applying for the Young Carers award, one of the criteria for this award is working in partnership with external agencies.

### Challenges

- Initially identifying who to speak to in a large trust organisation was problematic but once key professionals had been identified the project developed. This often meant liaising with senior members of staff which initially felt uncomfortable.
- Budget transferring of money between organisations proved to be very difficult which hampered what the money could be spent on. This was due to being in a large organisation that has not had previous experience of supporting a QNI project in this way.
- Initially there were issues with the communications team understanding the needs of the project, which was resolved once contact was made with the correct member of staff. The school nursing website migrated during the project which meant a redirect was needed for the QR code, so the resources worked correctly.
- At first the external agencies that we wanted to work with were questioning of the project but once they had a better understanding they engaged and provided support.
- Young carers are often reticent in being identified and therefore can be a difficult group to find and support.
- Identifying young carers at the start of the project proved challenging as we hoped to find our client group via the young carers’ organisation, but this was not practical, so they were identified through schools.
- Prioritizing the project within a normal workload with little protected time to complete the project was a challenge for all team members.

### Outstanding achievement

- Improvement in young carers Emotional Health and Wellbeing,
- Raising the profile of SN in secondary schools.
- Enhancing the links with young carer organisations locally and nationally.
- As a team being nominated for a Trust award for innovation and we have been shortlisted for a Nursing Times Award for services to Public Health.

### Project impact

The health and wellbeing of the young carers were measured using the ‘The Good Childhood Index’ (The Children’s Society 2010) which measures the subjective well-being for children aged eight and over, as it is statistically robust and covers the main aspects of children’s lives, including those identified by children themselves. 25% of YCs asked didn’t feel happy with life overall at the first engagement workshop.

*‘I want my friends at school to understand what it means to be a Young Carer and what it means to have a disability.’*  
Young Carer, age 9.

*‘I am a young carer for my mum who struggles with her mental health, and she cares for my gran who has a heart*



*condition. When my mum is having a bad day and can't get out of bed, I must walk up to my gran's house and help her in the morning. This makes me late for school and last time it happened I got a detention.'* *Young Carer, age 14.*

The results from our small survey of 23 children has shown a marked improvement in all areas of wellbeing by just being involved in the project and having their opinions listened to. It was also good to see that just taking part in the project has had a positive impact on young carers relationships with their family members. The booklet has opened lines of communication for young carers both in school and at home.

The young carers at one school said they loved both the booklet and the animation and were keen for the film to be shown in school. They all spent ages looking at the booklet and chatted between themselves about the content.

### Project impact in numbers

#### How many people/clients were directly involved as beneficiaries of the project?

- 23 Young Carers and 3 members of school staff participated in the engagement workshops. In addition, 3 secondary school students were involved in the creation of the whiteboard animation, 2 of whom were not young carers.

#### How many carers/ volunteers (i.e. non-professionals, such as family or friends) were involved as beneficiaries of the project?

- The parents and families of the young carers that participated in the engagement workshops will have indirectly benefited from the positive impact of the young person being involved in the project.
- The 800 YCs that are currently registered at the local YCs organization were given a YC Health Journal

### Case Study

#### Jodie's story

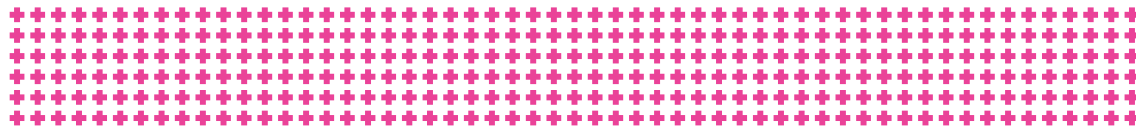
Jodie (not actual name) is a 13-year-old girl in one of the young carer's workshops. She cares for her mother who has mental health difficulties and has a history of alcohol misuse.

Jodie's family are also struggling financially as her mother is not currently able to work. Jodie offers emotional support to her mother and helps with shopping and housework, particularly when her mother's mood is very low. This has had a negative impact on Jodie's self-esteem, and she has had difficulty maintaining friendships at school as she herself admits she can be 'quite moody sometimes'.

She is well supported at school by the pastoral lead and is part of a young carers group. The pastoral lead put Jodie's name down to be part of our project and right from the beginning she was very keen to come up with ideas about

what she wanted in our booklet. She wanted a booklet that young carers can personalise so that they don't have to keep re-telling their story to different professionals. She also wanted tips on how to raise the issue of being a young carer to professionals. She identified key barriers to young people accessing support such as not wanting to repeat their stories to different adults and having a fear of social workers and being taken into care. The booklet aims to address some of these fears and issues.

When we asked her If taking part in the animation process was as good as she thought it would be, her response was, 'No, it was better! I loved it!' She also emailed us at the end of the project saying, 'Thank you so much for having me as a young carer and thank you for giving me an Amazon gift card, I really appreciate it. Thank you for everything!'



## The Hear Well project



**Above top left:** Natalia Stan with a resident; **top right:** Natalia Stan and Dr Amanda Young of the QNI; **bottom left:** Natalia Stan with a resident.

### Project team:

Suzanne Mumford QN, Head of Nursing, Care & Dementia, Care UK, Essex and Natalia Stan, Deputy Manager, Milner House Care Home, Leatherhead

### Project aim:

The project aimed to identify whether training nurses in otoscopy and ear wax removal could help care home residents who were deaf or wearing hearing aids.

### Summary

The pandemic brought extreme levels of social isolation because of the national lockdowns throughout the UK. Research from Leeds NHS Teaching Hospitals has found that the links between hearing loss and dementia is growing reporting that the risk of getting dementia almost doubles if you have an untreated mild hearing loss.

In December 2022 there were over 1700 people living within Care UK care homes identified as wearing hearing aids or deaf, the majority of these had not had access to physical ear or hearing checks since before March 2020.

This project aimed to alleviate this problem in two local care homes.

### Key outcomes

- Care home residents were screened in a familiar environment, minimising distress, and referral time.
- There was an improvement in communication, socialisation, mobilisation and general wellbeing for residents who had ear wax removal with micro suction.
- The local GP for the second home was so impressed by the system being used, that he planned to have one of his community nurses trained so that the wider community could also benefit.
- We saw improvement in quality-of-life outcomes including improvement in the lived experience, and a reduction in

‘Once cleared he asked to try his other hearing aid, and with tears in his eyes, thanked me for helping him to hear again.’



- symptoms of cognitive decline and social isolation.
- There were 6 instances where people were referred for hearing aids following otoscopy and hearing tests, which identified no wax but hearing loss.
- Suzanne and Natalia won the Nursing in Social Care Award at the NursingTimes Awards 2023 for the project.

## Challenges

A change in the job role of the initial project lead, followed by issues getting nurses trained to deliver otoscopy and micro suction. The last-minute sickness of the replacement project lead resulted in non-attendance at the training resulting in a lack of motivation. It also took considerable time to agree initial funding, but that worked in our favour as the company providing the training and equipment trained 2 colleagues for free and provided the equipment free for a period.

## Outstanding achievement

The improvement in quality of life for those residents who have received otoscopy, micro suction and hearing tests that resulted in audiology referral for hearing aids and helping the organisation to recognise the impact of reversible hearing loss for older people, resulting in changes to the services we can offer.

## Project impact

These are several of the cases that stood out during the project:

1. One gentleman stated very loudly he was very deaf, the nurse asked him if she could examine his ears to see if there was a build-up of wax. The nurse conducted the otoscopy both ear canals were blocked with wax. After a short course olive oil over the next week, the nurse was able to partially remove earwax from both ears, making an immediate improvement. The gentleman is absolutely delighted and is now able to participate in many activities he had previously withdrawn from.
2. A lady was having difficulties with hearing, following otoscopy and a hearing test it was clear that she might benefit from referral to an audiologist, who subsequently arranged hearing aids for her. The outcome of this has resulted in the lady and her family expressing gratitude as they can now enjoy conversations and activities together, she is less socially isolated and enjoying the company of others.
3. A resident had been reluctant to come out of their room since admission, and had difficulty understanding colleagues and their families, following otoscopy which revealed a wax blockage in both ears, a course of olive oil eardrops was prescribed and micro suction successfully removed the wax. The resident had an immediate improvement in their hearing. As a result, the resident is now fully integrated in the care home community, joining activities and enjoying spending time with family and friends.
4. A colleague was experiencing discomfort from tinnitus, following otoscopy and micro-suction the tinnitus was resolved.
5. As a result of the project a paper has been delivered to the executive leadership team detailing the project outcomes and proposing future actions as a result.

## Project impact in numbers

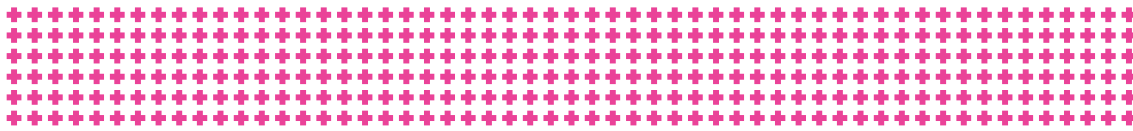
**How many people/clients were directly involved as beneficiaries of the project?**

- 47 in the initial project with the 2 nurses plus a further 18 in the pre-project work.

**How many carers/ volunteers (i.e. non-professionals, such as family or friends) were involved as beneficiaries of the project?**

- 12





## Case Study

### Tom's story

Tony (not his real name) was admitted to the care home, he was very quiet and tended to keep himself private, taking his meals in his room and not joining activities.

His family reported that he had become increasingly socially isolated over the previous 6 months and put this down to the COVID-19 pandemic. He had hearing aids, but 'never wore them'. In the past month at home he had become increasingly 'agitated and forgetful' which the family thought was a sign of him developing dementia.

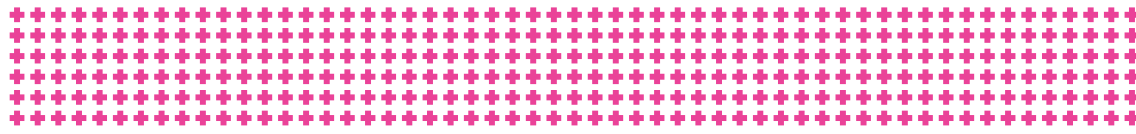
On admission he found it difficult to keep track of conversations, and appeared to lose interest when he couldn't understand, he appeared fine with written communications. With his consent he agreed to having otoscopy to establish if there was any earwax causing the hearing loss, it was immediately apparent that this was the case in both ears, the wax was hard and dark. After a course of olive oil eardrops, he gave consent to micro suction. Whilst the wax had softened it was still impacted

in both ears, however, with gentle persistence the wax started to move in his left ear and a large piece of wax was removed. When asked if he could hear anything he said 'yes, but I probably need my hearing aid', he fitted his hearing aid in the wax cleared ear, smiled broadly and said 'thank you, it works now, let's do the other one'.

Once cleared he asked to try his other hearing aid, and with tears in his eyes thanked me for helping him to hear again. The same day he came out of his room to the dining room to eat with other residents.

When his family visited the same evening they couldn't believe the difference, he was bright and alert, able to hold a conversation and even told a few jokes.

Since then he has been out regularly with his family, and joins in a range of activities at the care home, he particularly enjoys quizzes.



## Continence issues for people living in care homes **project**



**FEDOP** with your **Bladder and Bowel?**

Incontinence is not a normal part of ageing - prevention is always better than cure.

**DO NOT BE EMBARRASSED!**

- F**luids - drink at least 6 - 8 mugs daily. Avoid caffeine, fizzy drinks, fresh fruit juice and alcohol.
- E**xercise - take daily walks or attend exercise classes. It is never too late to start your pelvic floor exercises!
- D**iet - include 5 portions of fruit/veg every day and a high fibre cereal such as Weetabix or Bran Flakes.
- O**pportunity - to avoid constipation try to sit on the toilet 30-60 minutes after every meal.
- P**osition - when opening your bowels, sit on the toilet with your knees higher than your hips.

**CONTACT YOUR LOCAL HEALTHCARE PROFESSIONAL FOR HELP OR ADVICE.**

Bladder and Bowel Team, York and Scarborough NHS Foundation Trust

NHS York and Scarborough Teaching Hospitals NHS Foundation Trust

The Queen's Nursing Institute

**Above top right:** project poster

### Project team

Geraldine Rook SPDN, Project Support for Integrated Community Services and Stefanie Barnish, Specialist Bladder & Bowel Health Nurse, York

### Project aim

To improve people's quality of life by ensure early screening of continence status for all individuals living in a care home.

### Summary

Continence related issues can become problematic for many people, especially in later life.

Not only can continence related issues be improved with simple advice and non-invasive interventions, but major financial savings would be seen across community services if fewer continence devices were needed.

### Key outcomes

- Improved access to knowledge and education for Carers and Residents.
- Successful implementation of the screening tool with appropriate outcomes specific to the individual resident.
- Improvement in resident experience after medication, product review and prescribing appropriate size pads, improved management plans e.g., toileting regimes.
- Lifestyle changes e.g., decaffeinated drinks, healthier food choices, increased mobility,
- Appropriate use of appliances e.g. Statlock catheter, reducing risk of hyperplasia and improving comfort for residents.
- Potential for a reduction of costs due to improved education. However, due to lack of engagement with other Residential Homes this is more a long term outcome that cannot be evidenced at the present time.

‘She was extremely pleased that she was no longer sitting in a wet continence pad and proud of the progress she had made. The carers were also pleased with the progress she had made, and this was empowering for both the carers and the resident.’



- Implementing Continence Champion for the Care Home
- Generally raising awareness of continence issues and management by producing and distributing a poster
- Implementation of virtual training sessions planned specific for carers in residential, nursing homes and domiciliary care.
- Identified need for prevention e.g., pelvic floor education in maternity services and education in schools.
- Engagement with internal and external stakeholders

## Challenges

- Lack of engagement with the project with more care homes in the Selby and York area, due to challenges with staffing and ability to free up time. However, whilst being unable to provide comparative work with other care homes the project has been successful.
- This report reflects the success and positive impact made, learning identified and future planning to continue with the changes that have been made.
- Time to deliver within existing staffing resources within the bladder & bowel team.
- Turnover of carers and also residents in the Chocolate Works care home.
- Inability to measure quality of life as residents were unable to engage with the repeat questionnaire as they were unwell or now deceased. Individual feedback from residents has been positive.

## Outstanding achievement

- Numerous requests for more bespoke training for care homes.
- High profile project which opened opportunities to share successes and achievements.
- Opportunity to work with residential homes to improve access to knowledge and education.
- This was a team effort with positive contributions and ideas to bring to the project over the year.
- Improved relationships with external stakeholders.
- Submitting application to Burdett Nursing Awards and being shortlisted as a finalist and attended the award ceremony in London
- Raised the profile of the team in York & Selby Integrated Services
- Inspiring the team to think about projects in the future and positive changes.
- Realisation of the importance of raising awareness, prevention, and education

## Project impact

- Increased knowledge, for example about suitable drinks and amounts
- Causes of bladder infections and bladder and bowel issues
- Signs and symptoms of bladder and bowel issues
- Improved bowel education and how to manage issues
- Appropriate and timely completion of screening tool
- Preparation and application of continence products
- Importance of providing toileting opportunities

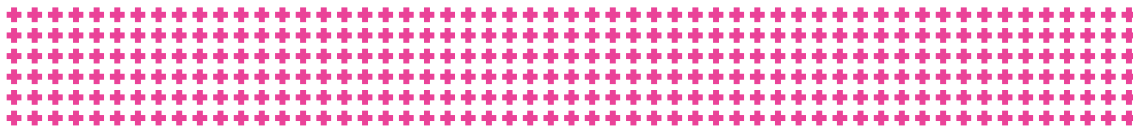
## Project impact in numbers

How many people/clients were directly involved as beneficiaries of the project?

- 10 Residents

How many carers/ volunteers (i.e. non-professionals, such as family or friends) were involved as beneficiaries of the project?

- 9 Carers



## Case Study

A 92-year-old lady, was invited to attend the education session for residents. After the session she asked for a conversation. She stated she had recently been discharged from hospital, using a hoist to transfer from sitting/standing from bed or chair. She was a very determined lady who followed her rehabilitation plan by daily exercising, and she soon did not require the hoist and could move from sitting to standing confidently. During this time, she was using pads as she was unable to access the toilet. A screening tool and bladder diary was completed, and we visited her at the next opportunity.

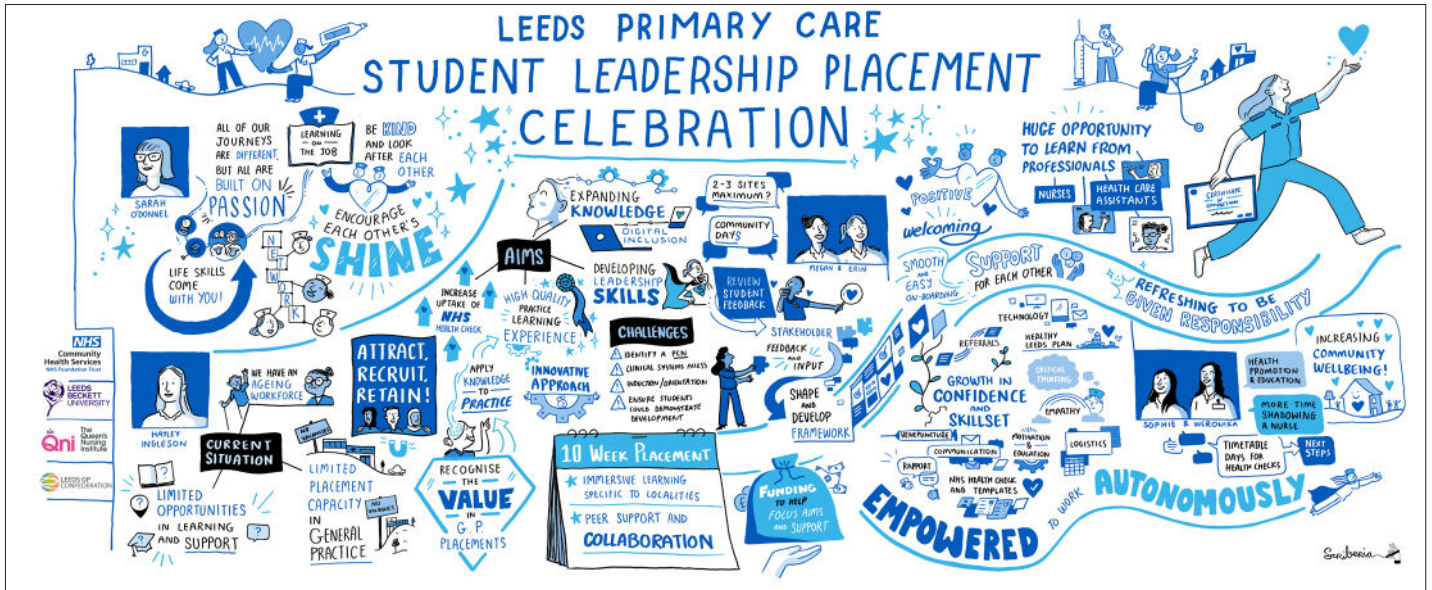
We discussed how she felt using the pads and she stated she knew when she needed to use the toilet but was

not given the opportunity to do so as she progressed to independence. The management plan was discussed with the carers, and they were happy to incorporate the plan and support her to use the toilet, particularly in the mornings. It had not occurred to them to think in this way.

One review at the next visit she and the carers were following the plan and the Resident had access to the toilet. She was extremely pleased that she was no longer sitting in a wet continence pad and proud of the progress she had made. The Carers were also pleased with the progress she had made, and this was empowering for both the carers and the resident.



# Leeds Primary Care Student Leadership Placement project



**Above top:** the infographic created of the project; **above left:** student nurses, Weronika Smyk and Sophie Gallant, **above middle:** student nurses, Erin Carr and Megan Preene; **right:** the team were finalists at the Student Nursing Times Awards 2023

## Project lead

Hayley Ingleson, Practice Learning Facilitator, Leeds Community Healthcare NHS Trust and Leeds Primary Care

## Project aim

To expand sustainable high-quality practice learning opportunities across primary care for pre-registration adult nursing learners during a 10 week placement. The focus was on expanding knowledge and demonstrating leadership skills through three fundamental aspects of general practice healthcare: public health/health needs/health inequalities; preventative healthcare and digital health and digital inclusion.

## Summary

There is a substantial shortfall in the number of General Practice Nurses available to meet the intentions of the NHS 'Five year forward view' and NHS 'Long Term Plan'. The disparity between the current GPN workforce and what is needed to deliver healthcare of the future is compounded by an ageing General Practice Nursing population and a lack of newly registered nurses opting for General Practice as their first career destination.

Due to pandemic-induced service changes, General Practice placement opportunities were reduced by 91.6% across the Leeds region. Therefore the Leeds Primary Care Student Leadership Placement was developed to raise the profile of career opportunities available in General Practice and expand high quality clinical placement opportunities. Opting for General Practice as their first career destination.

Due to pandemic-induced service changes, General Practice placement opportunities were reduced by 91.6% across the Leeds region. Therefore the Leeds Primary Care Student Leadership Placement was developed to raise the profile of career opportunities available in General Practice and expand high quality clinical placement opportunities.

‘Hayley’s consistent love of her work has not only had a positive impact on my learning and achievement, but also on the care that patients have received -she has been incredible, and this has helped me to thrive during my placement.’



### Key outcomes

1. Improved learner access to practice learning experience in the primary care setting.
2. Profile raised of general practice career opportunities and pathways
3. Improved health outcomes of PCN population.
4. Increased patient/practice satisfaction.
5. Reduction in waiting lists for the NHS health check.
6. Development and demonstration of leadership skills
7. Increased understanding and application of digital health and its benefits in practice
8. Improved knowledge and understanding of local health needs and health inequalities.
9. Demonstration of a successful application of a PCN wide model of supervision and assessment
10. Financial returns on investment

### Challenges

Being the sole project lead was at times challenging in that often the project work was being undertaken in addition to existing work associated with the PLF role.

Having never had any experience of project management before, there were challenges around setting deadlines and prioritising goals in the beginning, but as the programme went on, I gained confidence and felt able to manage effectively with minimal drift.

### Outstanding achievement

- The PCN creating 2 new job posts following the pilot.
- The PCN recruiting 2 of the students from the pilot.
- The other 2 students applying for jobs elsewhere in primary care.
- An increase in demand for general practice placements and an expansion in capacity
- Improved working relationships and collaboration across the Leeds health and social care system

### Project impact

Over the 10-week placement, the 4 students opened capacity to offer an additional 380 appointments. 299 of those were attended by those eligible to receive their NHS health check across 6 different practice sites within 1 PCN.

The NHS health check appointments were audited using a predeveloped framework designed by the GP confederation. System one was reviewed with support from the students, and this is what was found;

By completing the NHS health checks, the students supported early identification of those at low/medium and high risk of having a heart attack/stroke within the next 10 years and were able to provide early intervention measures to reduce the risk and enable lifestyle and health behaviour change to happen i.e smoking cessation guidance, healthy diet and exercise information, reduction in alcohol consumption. It is likely the students have reduced the requirement for costly medical interventions/hospital stays later down the line whilst also reducing morbidity and mortality rates within the PCN population.

The project lead aimed to improve service user satisfaction and understand more about the patient experience during student led activity. A survey was developed (loosely based on the NHS friends and family test) to review service user experience, the survey revealed high levels of perceived satisfaction, see quotes below:

*‘The students were friendly and informative’*

*‘It was good to have a check and found the students gave me peace of mind’*

*‘They were excellent and made the process a pleasure’*

*‘The 2 nurses were fantastic!!’*

*‘They were friendly and made me feel at ease’*

*‘Competent and friendly’*

*‘The students are very thorough; the appointment wasn’t rushed. These clinics help free up staff. It’s a really helpful*



*check up that offers reassurance and validation'*

*'Lovely welcoming manner'*

*'Quick and stress free'*

*'Its nice to know everything is still being checked by the NHS'*

*'I got to see 2 lovely young people who are in their final year and I believe they will do sterling job for the NHS'*

## Case Study

### Weronika's story

Throughout my training as a student nurse, I was sure about what path I wanted to take. I was an intensive care nurse through and through until.... the Leeds Community Placement I have been assigned to as a first placement of my third year.

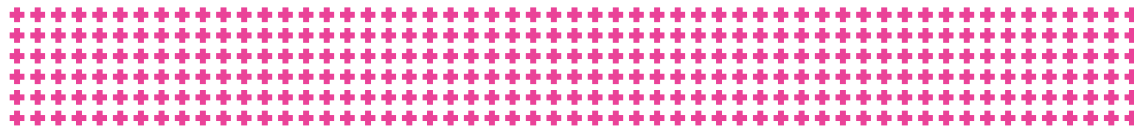
The programme has followed a structure of training about what Primary Care involves, the knowledge of practices and techniques used in primary care as well as experience of having my own clinics and getting an in-depth knowledge of preventative health in Leeds.

What Hayley created in this placement is a well organised path to follow into autonomous working. This placement has given me the passion for preventative care, the confidence to lead MY OWN CLINIC, and the knowledge appropriate for those clinics.

Now, there is nothing I would love more than to go into practice nursing. I have never been surer of anything during my training than this. Hayley has managed to kickstart my love for primary care. She has also given me more support throughout this placement than anyone before. She was there for me through thick and thin and answered my call at any time of the day whether she was working or not.

This placement has also made me realise the amount of knowledge I already had, and the advice I was able to give patients. Both my clinic partner and I have gotten so passionate that we did extra research outside of placement to find other ways to support our patients on the NHS Health Checks.





## Retention of non-registered staff through role development project



**Above photos:** Debbie Myers and Neighbourhood Care Assistants; **main photo:** the team project team

### Project lead

Debbie Myers, Head of Clinical and Professional Development, Leeds Community Healthcare NHS Trust

### Project aim

Develop and deliver a transition programme and development portfolio to prepare those undertaking the band 4 role to work competently at a higher level, ensuring they fully understand issues of safety, risk and accountability.

### Summary

Clear career pathway/progression routes are needed so that staff have a better understanding of responsibilities at different levels and Continual Professional Development (CPD) activities that might help them develop the necessary skills to apply for different roles.

Clarity is required to explain the differences in responsibilities of different roles within the same team/service. Identify skills gaps and associated training needs also need to be identified and the workload needs to be better distributed across the whole team which will reduce pressure on registered roles thereby preventing burnout. Career pathways and workload management will contribute to staff feeling valued less stressed and so promote staff retention.

### Key outcomes

- A roles and responsibilities framework was developed which identifies the duties and responsibilities at each Agenda for Change Band/Role. This provides clear differentiation between roles so staff don't feel taken advantage of, as well as how they could develop and progress.
- A training programme for existing band 3 staff was agreed as provision had previously been ad-hoc.
- A new band 4 Senior NCA role was developed, job description signed off and 27 people recruited into post. All of



‘I have more patience to listen, not that I didn’t listen before but now take more on board as I feel more involved in that patient’s care.’



- these were internal applicants previously in an NCA role.
- Competencies were developed.
- A specific development programme was created along with an associated development portfolio for SNCA’s.

## Challenges

### Capacity:

- of specialists to deliver clinical training
- of lead to develop learning portfolio
- of registered staff to support development of competence in practice
- of team/service to release staff to attend training or honour supernumerary time

### Communication

- Breakdown of communication systems meaning registered staff weren’t as engaged in this work as they needed to be
- Anxiety of registered staff meaning no buy in to the work and in some cases unwilling to delegate agreed work

### Framework

- Overall the framework shows a general picture of what the Band 3 and Band 4 role is. However, can’t cover every situation so an element of clinical judgement is needed and principles to consider were shared. However, the roles are not embedded enough for staff to feel confident to make judgements on the nuances in care needs to determine suitability for delegation.
- SystemOne not sophisticated enough to easily distinguish which patients are suitable for delegation to SNCA’s

## Outstanding achievement

- 27 people now recruited into this new role
- 4 going on to undertake more formal training to progress their career e.g. Nursing Associate and/or Registered Nurse Apprenticeship.
- Confidence to progress career – apply for other jobs
- Staff feel valued, confident and competent

## Project impact

### How many people/clients were directly involved as beneficiaries of the project?

- 27 SNCA’s directly impacted. Untold number of patients on Neighborhood Team Caseloads as staff more informed, and more timely interventions.

## Case Study

### Jane’s story

As an experienced Neighbourhood Clinical Assistant (NCA), Jane (not her real name) felt she was already doing a band 4 role. Being involved in this has allowed her to think beyond the task and understand more about personal responsibility and aspects of governance. For example, she is much more aware of the importance of documentation and thinks carefully about what she is recording.

She has spoken about how valued she now feels and that her skills and experience have been recognised.

‘m very proud to have been involved in this work – I never thought that this role would happen.’

‘It’s a fantastic opportunity for a band three to progress into a senior role.’

The development programme has helped by revisiting and refreshing existing skills and knowledge, while also developing new skills and a deeper understanding of disease conditions and safety aspects of clinical care. Because of this she now has the confidence to speak up and put her view forward when discussing patient care with registered staff, and to suggest treatment options and visiting frequency.

‘I have more patience to listen, not that I didn’t listen before but now take more on board as feel more involved in that patients care.’



1A Henrietta Place  
London W1G 0LZ

020 7549 1400

[www.qni.org.uk](http://www.qni.org.uk)

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