	ABM University Health Board	
		Date of Meeting: 23rd January 2018 **Name of Meeting: Audit Committee:** **Agenda item: 5b**
Subject	District Nursing Services in Wales – a checklist for Board Members	
Prepared by	Tanya Spriggs - Interim Unit Nurse Director	
Approved by	Angela Hopkins, Interim Director of Nursing and Patient Experience	
Presented by	Angela Hopkins, Interim Director of Nursing and Patient Experience	

1.0 Situation

During 2014, the Auditor General for Wales reviewed district nursing services and each local health board received a detailed report of their local findings along with recommendations for improvement (**appendix 1)**. It is important that health boards have assurance that district nursing resources, which make up a substantial proportion of the community nursing workforce, are used to best effect as part of its approach to community services provision. Since Welsh Audit Office published their reports progress has been made in a number of areas. New legislation and guidance, such as the Nurse Staffing Levels (Wales) Act 2016 and Interim District Nurse Guiding Staffing Principles have been issued, and the Wales Community Care Information System has also been introduced.

WAO have produced a checklist with the aim of supporting NHS board members to seek assurance on how local district nursing resources are managed and on the progress made to address our local audit recommendations.
This paper provides an update on the Health Board's District Nursing service based on the checklist (**appendix 2)**.

2.0 Background

In a letter dated 29th September 2017, The Chief Nursing Officer for Wales issued interim District Nurse (DN) guiding staffing principles which follow on from the work Welsh Government committed to in the Nurse Staffing Levels (Wales) Act 2016. Health Boards are required to provide a baseline position statement against the principles to Welsh Government in early 2018.

District nurse led community nursing services form an important part of the multidisciplinary primary care team and provides the bedrock for the core universal element of adult community nursing care. The district nurse led community nursing services work alongside more specialist nursing provision and other community based health and social care services, which taken as a whole helps ensure NHS Wales delivers person-centred services at or close to where people live. As our expectations grow to deliver more care in community settings coupled with the demands posed by an ageing population, ensuring we have the right district nurse

led community nursing workforce, with an appropriate skill mix, is essential. It is acknowledged that there is variation across Wales concerning the scope of core DN service provision and those services that are provided through more specialist routes.

Wales Audit Office Review of District Nursing Service (2014) made recommendations under 5 headings:

- Strategy and Planning
- Resources to meet demand
- Effective deployment
- Matching resources to the caseload
- Monitoring and improving services

Similar recommendations were made across all Health Boards within the individual audits and these included the need for better informatics systems within community nursing services to support the management and delivery of the service and the development of a workforce tool to support the setting of community nursing staffing establishments.

The lack of robust community nursing informatics systems has significantly impeded the development of community nursing services and the understanding of workforce and workload impacts on the quality of patient outcomes. This is borne out within the literature and the Welsh Audit Office review of District Nursing 2014.

In 2016, with CNO support, Welsh Nurse Directors progressed further work across Wales to review the District Nursing (DN) workforce. A paper by a Welsh Government Nursing Officer set out the shortfall in the evidence base to progress a community nursing workload and workforce calculation tool. The paper also set out the actions being undertaken within Wales to establish the evidence required to progress an evidence based methodology for a workforce tool and the robust data collection system required to support it through the roll out of the WCCIS.

It is currently estimated that there is a 3 to 4 year lead in time before an evidenced based community workforce calculation tool will be available; this is also in line with the current roll out plan of WCCIS which will provide a community informatics system across Wales. In the interim to support Welsh Government policy set out within the 2017 primary care workforce plan a set of guiding principles have been agreed to support the planning of community nursing staffing levels.

ABMUHB District Nursing leads have contributed to this work and continue to represent the service on national groups which have been established to progress this further.
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In recognition of the shift in care and the policy requirement to undertake more care closer to home, a Western Bay review was undertaken by Capita in August 2017 to consider the impact of Intermediate Care and the impact on Core Services (including District Nursing). The recommendations have been dovetailed with the findings of the Cordis Bright evaluation of Intermediate Care (2017) for progression on a Western Bay basis. Whilst important to consider the recommendations in a whole system way, there were specific recommendations for District Nursing.

The Primary and Community Services Delivery Unit presented an overview of District Nursing and focused on the Capita review recommendations. An action plan has been developed to take forward the recommendations.

3.0 Assessment
A detailed assessment against the checklist is provided in Appendix A. Overall, the District Nursing service has achieved or there is progress towards achieving the areas listed within the checklist. Key actions being taken forward in 2018 in line with District Nursing action plan (based on the Capita Review recommendations) will enable progress to made

4.0 Recommendations
Audit Committee members are asked to note the briefing paper and the updated ABM position for District Nursing against the WAO checklist.

Archwilydd Cyffredinol Cymru
Auditor General for Wales

WALES AUDIT OFFICE
SWYDDFA ARCHWILIO CYMRU

District Nursing Services in Wales - A checklist for Board Members

Introduction

For more than a decade, Welsh Government policy has focused on shifting services and resources towards primary and community care so more people receive care closer to home. NHS organisations have responded by introducing new community services and teams, such as community resource teams and rapid response teams, alongside district nursing services.

District nursing staff play a crucial role within the primary and community health care team, providing the core universal element of adult community nursing care. District nursing staff provide skilled nursing care, advice and support to patients and their families 24 hours a day, seven days a week. They also use their judgement about how and when to involve other professionals in providing care and to orchestrate them to meet patients' needs. This care supports patients and their families manage their health, to avoid unnecessary hospital admissions, enable early discharge and maintain independence as long as possible.

The growing elderly population coupled with shorter hospital stays and the move to treat more patients, often with multiple complex care needs, in the community means that district nursing services require an appropriately coordinated, resourced, skilled and effectively deployed workforce.

During 2014 the Auditor General reviewed district nursing services across Wales. Each local health board received a detailed report of their local findings along with recommendations for improvement which health boards should have been actively addressing.

In the intervening period since we published our reports, we are aware that progress has been made in a number of areas. We are also conscious of an increasing focus and move towards integrated community services which in some areas encompass the district nursing service. It is important that health boards have assurance that district nursing resources, which make up a substantial proportion of the community nursing workforce, are used to best effect as part of its approach to community services provision.

To aid this we have produced a checklist with the aim of supporting NHS board members to seek assurance on how local district nursing resources are managed and the progress made to address our local audit recommendations.

Ensuring clarity about the role of the district nursing service

We found that health boards had a clear vision for delivering more care in the community but few had a clear strategy or plan to demonstrate how the district nursing service, as part of wider community service provision, would support this vision.

Has the Health Board stated its vision for the district nursing service within the wider provision of community nursing services?

Has the Health Board articulated the role and responsibilities of the district nursing service within the wider provision of community nursing services?

Does the Health Board have a documented strategy or plan that demonstrates how the district nursing service fits with wider community services to support the delivery of more care in the community?

The role and purpose of district nursing services are usually described in a service specification, setting out the types of care provided, how the service is organised and co-ordinated, the eligibility criteria and the referral process along with discharge arrangements.

At the time of our audit, while health boards had specified their services in a document, they were largely out of date, not widely publicised or shared with the key stakeholders who might refer patients to the service.

Has the Health Board done enough to ensure key stakeholders understand the role of the district nursing service within wider community service provision?

Is there local guidance that clearly articulates the role and purpose of the district nursing service within wider community services?

Does the guidance clearly explain eligibility criteria and the referral process?

Has this guidance been shared and discussed with referrers and interested stakeholders, including patients?
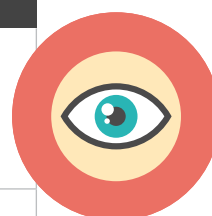
Managing demand for district nursing services

Referrals, either written or verbal, are the main means of identifying patients' needs for district nursing care. The process needs to be efficient and effective with those referring to the service understanding the role of the service and what can be provided.

At the time of our audit referral criteria were in place, but these were inconsistently applied or out of date. Few health boards routinely used referral forms and if used they were not always used consistently, which meant that important information about the patient was sometimes missing. The failure to provide relevant information can lead to abortive or ineffective visits, delays in care and can limit the ability to manage and monitor demand. At the time of our audit, information on demand for district nursing services was limited and most health boards were not regularly monitoring the numbers and reasons for referral or the appropriateness of referral.
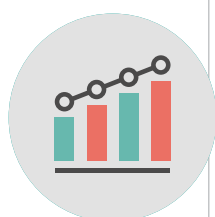
Is the Health Board managing the demand for district nursing services effectively?

Are standardised referral forms used to capture the right information about the patient to provide safe and effective care at the first visit?

Is compliance with referral criteria or appropriateness of referrals regularly audited and fed back to relevant stakeholders?

Have alternative approaches been developed to help manage demand?

Managing the district nursing service caseload

The Queen's Nursing Institute (QNI) defines a caseload as the patients receiving care from the district nursing service and all the activities this entails.[1] The caseload may vary in size and complexity depending on specific patient needs at any one time, the demographic profile of the population served and other factors such as geographical distribution of patients. The extent to which patients receive support from family and friends and other health and social care services is also an important factor.

The QNI has commented that district nursing services are often said to act like a sponge, as without the physical restriction of a defined number of beds it is easier for the service to absorb additional workload. Our review found that few caseloads closed but simply stretched to absorb new patients. Many caseloads were not routinely reviewed to assess whether patients could be safely discharged from the caseload or their care provided by other professionals. We also found that not all health boards had escalation procedures in place to manage increasing pressure on the service.

Are caseloads effectively managed?
Are caseloads systematically and regularly reviewed?
Are patients actively discharged from the caseload and referred to other community-based health or care services?
Have thresholds been agreed at which point caseloads are closed to new referrals or escalation procedures agreed where there might be concerns about the quality and safety of care that can be provided?

1   Queen's Nursing Institute, Understanding safe caseloads in the District Nursing service, September 2016

Securing the right workforce

District nursing teams comprise at least one senior registered nurse with a Specialist Practitioner Qualification (SPQ) in district nursing. Our audit found that the proportion of staff holding a SPQ varied within and between health boards and only a quarter of staff held a SPQ. The Welsh Government's budget proposal[2] indicates that 80 district nurse training places will be available in the coming year, a doubling on the number of places previously commissioned.

The senior nurse known as the District Nurse, leads and manages a team of registered nurses and healthcare support workers. Our audit found that the district nursing staffing levels were largely historical with ad hoc changes to skill mix within local teams. Data provided by health boards at the time of our audit showed a small rise in the total district nursing workforce since 2011. While numbers of registered nursing staff and healthcare support workers increased, numbers of District Nurses were reducing.

As the largest group of community staff and biggest provider of adult community care, it is important that there is good information and tools to inform district nursing workforce planning and service delivery. The Nurse Staffing Levels (Wales) Act 2016 makes clear that health boards have 'a duty to have regard to providing sufficient nurses to allow them time to care for patients sensitively'.

A variety of approaches should be used to determine the numbers and skills of staff required to meet the needs of the local population in a safe and efficient way. These include benchmarking against agreed national staffing guidelines and quality indicators and professional judgement. At the time of our audit, there was no guidance on safe staffing levels in the community nor were there standardised tools to assess workload or patient dependency. This meant that there was little understanding outside individual teams about the numbers and needs of patients on the caseload. The QNI is advocating the term 'safe caseloads' rather than 'safe staffing' to better reflect the complexity of determining staff numbers and skill mix in the community.

NHS Wales has been working on a district nursing workload and workforce calculation tool for some time. This has proved complex because it needs to take into account patient acuity and dependency and quality. The Welsh Government has indicated that it will be some time before a robust and evidence based tool becomes available. In the meantime, it has issued Interim District Nurse Guiding Staffing Principles to ensure a consistent approach for district nurse workforce planning.

Our audit also found that just over half the district nursing staff were working in excess of their contracted hours. These staff worked on average three additional hours during the audit week. This suggests a workload and workforce mismatch.

| **Does the Health Board know what nursing resources it needs to deliver safe, timely and effective care in the community?** |
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| Has the Health Board compared the current composition of district nursing teams with the interim guiding principles, in terms of staff numbers, skill mix and SPQs? |
| Does the Health Board know how many district nursing service staff hold a SPQ or are working towards attaining it? |
| Is the Health Board maximising uptake of distict nurse training places commissioned by Welsh Government? |
| Has the Health Board organised district nurse teams to ensure that they are coterminous with primary care cluster catchments?[3] |
| Does the Health Board monitor excess working hours and address the causes? |

3   Health boards have developed arrangements for small groups of adjacent GP practices to work together to develop services in the community, serving populations of between 30 and 50 thousand patients. There are 64 of these primary care clusters across Wales.

Understanding how district nursing staff spend their time

Health boards need to ensure that they make the best use of the district nursing service. Routine review of work processes at locality and team level improve understanding of this. At the time of our audit we found unexplained variation in the way that district nursing teams spent their time. The district nursing service staff were unevenly distributed across the caseloads.

Few health boards had agreed thresholds for the amount of time district nursing staff should spend on patient and non-patient care. Across Wales, district nursing staff spent less than half their time on direct patient care[4] but there was wide variation between grades of staff within and between teams and health boards. There were also big differences in the time spent on non-patient related activities.

Few teams had administration and clerical support, which may account for the high proportion of time spent on administration by some healthcare support workers. We also found variation within and between health boards in the delegation of duties between healthcare support workers. In some health boards, healthcare support workers had undertaken additional competence based training to provide more technical care, such as blood glucose monitoring. This suggests that there may be scope for healthcare support workers to undertake a larger share of routine tasks.
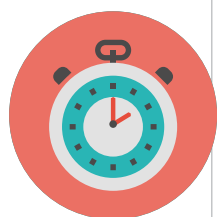
Are district nursing staff effectively deployed?
Are staff doing the right things in the right place at the right time?
Has the Health Board determined how much time teams should spend on direct patient care?
Does the Health Board monitor how district nursing staff spend their time to minimise unnecessary variation?
Does the Health Board know what prevents staff from spending more time with patients?
Are plans in place to ensure district nurse teams have access to at least 15 hours of administrative support each week as set out in the Staffing Principles?

4   Direct patient care is face-to-face or telephone contact with a patient or their carer; indirect patient care activity, such as liaison with other agencies, travel to and from patients' homes; non-patient care is all other activity, for example team management, teaching and learning, non-clinical paperwork and professional and clinical administration or management

Understanding the quality and safety of the district nursing service

District nursing is largely a solitary occupation - one nurse working with one patient. It is important that health boards routinely monitor and report on the quality and safety of the service, including patient experience and outcomes. At the time of our audit most health boards did not routinely measure, monitor nor report on the performance of the district nursing service. The mechanisms for capturing and reporting on patient experience and patient outcomes were limited. There was also a lack of awareness at Board level of the district nursing service given the policy direction and NHS Wales' commitment to shift more care into the community.

Does the Health Board know how the district nursing service performs?

Has the Health Board agreed what information it needs to manage the district nursing service?

Does the Health Board know what patients think about the district nursing service?

Does the Health Board collect and report on a range of measures, including quality, safety and patient outcomes, to provide a rounded picture of the district nursing service?

Is the Board and its Committees sufficiently sighted of district nursing service performance?

Information and information systems

Information is crucial for the planning and delivery of effective services, as well as monitoring performance, patient outcomes, and the quality and safety of services provided. At the time of our audit, only one health board used a single electronic patient record system across its community services while others were largely reliant on paper-based systems. The lack of an electronic system negatively impacts on the efficiency of the district nursing service to monitor and report on demand for services, as well as monitoring and reporting on patient care and outcomes. The lack of an integrated electronic system also hampers the ability of health and social care professionals to share relevant information easily about the same service users.

The Wales Community Care Information System (WCCIS) is being introduced in Wales to give community nurses, mental health teams, social workers and therapists the digital tools they need to work more effectively together. It will allow access to relevant information on the care provided by other professionals, to show where a patient is with their treatment. Full implementation of WCCIS across all health boards is not expected until 2019.

Does the Health Board have effective information systems in place?
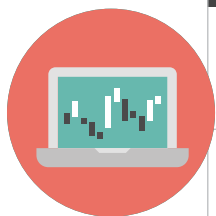
Has the Health Board put in place systems to capture information for managing the district nursing service?

Is the Health Board preparing for the introduction of the WCCIS by, for example:

- identifying a clinical lead to support the roll out;
- identifying the resources needed to support roll out;
- aligning documentation and processes to the system; or
- learning lessons from the roll out in other areas?

DISTRICT NURSING SERVICES IN WALES - A CHECKLIST FOR BOARD MEMBERS

	RAG status	
Has the Health Board stated its vision for the district nursing service within the wider provision of community nursing services?	**RAG status**	
Has the Health Board articulated the role and responsibilities of the district nursing service within the wider provision of community nursing services ?	Yes	Yes, a Standard Operating Procedure (SOP) is in place .
Does the Health Board have a documented strategy or plan that demonstrates how the district nursing service fits with wider community services to support the delivery of more care in the community?	Yes	Yes. Western Bay have a broad plan 'what matters to me' that covers all community services in partnership between the HB and the County Borough Council. Specific DN action plan in place as part of Western Bay which is being progressed in 2018.
Has the Health Board done enough to ensure key stakeholders understand the role of the district nursing service within wider community service provision?		
Is there local guidance that clearly articulates the role and purpose of the district nursing service within wider community services?	Yes	Yes, it is clear within the SOP
Does the guidance clearly explain eligibility criteria and the referral process?	Yes	Yes
Has this guidance been shared and discussed with referrers and interested stakeholders, including patients?	Partial	Partial. The SOP was developed following the recommendations of the WAO Audit of District Nursing in 2014. Staff and GPs were involved in its development. The SOP is due for review in 2018 so wider engagement will be considered.
Is the H ealth Board managing the demand for district nursing services effectively?		
Are standardised referral forms used to capture the right information about the patient to provide safe and effective care at the first visit ?	In progress	No universal referral form. All referrals in Swansea are taken via a telephone and staff complete online referral form. NPT and Bridgend - no referral form in place. The need for a referral form will be reviewed as part of SOP review in line with the DN action plan.
Is compliance with referral criteria or appropriateness of referrals regularly audited and fed back to relevant stakeholders?	Partial	Partial. No formal review or audit of referral criteria in place. However, sample review taken in October 2017 demonstrated good compliance with criteria.
Have alternative approaches been developed to help manage demand?	In progress	Yes, recent Implementation of Common Access Point(CAP) in Swasnea with plan to roll out (based on initial success) by September 2018. Skill mix opportunities and devlopment of the HCSW role are within the 2018 DN action plan.
Are caseloads effectively managed?		
Are caseloads systematically and regularly reviewed?	Yes	Yes. All DN caseholders review caseload on a monthly basis. Swansea, NPT and Bridgend all use a review tool, though not the same one. Plan in place to standardise this by end of March 2018 (via DN Development Group)
Are patients actively discharged from the caseload and referred to other community based health or care services?	Yes	Yes, Weekly Boardround in individual teams and monthly via the caseload review.

Have thresholds been agreed at which point caseloads are closed to new referrals or escalation procedures agreed where there might be concerns about the quality and safety of care that can be provided?	Partial	Partial. However, there are no national guidelines. Local escalation mechanisms are in place using SBAR reporting at times of unmanageable caseload/workforce pressures . All Wales Acuity tool is being developed. This will also link with All Wales minimum staffing principles for DN. DN teams do not have a maximum level of work that they will take before closing caseloads. However, we are developing escalation levels utilising examples from another Health Board and recent work done by Department of Health in England.
Does the Health Board know what nursing resources it needs to deliver safe, timely and effective care in the community?		
Has the Health Board compared the current composition of district nursing teams with the interim guiding principles, in terms of staff numbers, skill mix and SPQs	Yes	Yes, DN paper response to the All Wales interim staffing principles completed.
Does the Health Board know how many district nursing service staff hold a SPQ or are working towards attaining it?	Yes	Yes.
Is the Health Board maximising uptake of district nurse training places commissioned by Welsh Government?	Partial	Partial. The Health Board is supportive of releasing staff and have a number of staff completing the programme over modular, 1 year and 2 year periods. However this is not maximised due to service pressures resulting from the WG withdrawal of funded backfill. Despite attempts at succession planning, community staff are not applying for this opportunity.
Has the Health Board organised district nursing teams to ensure that they are coterminous with primary care cluster catchments?	Yes	Yes. Hub and cluster models across ABMU
Does the Health Board monitor excess working hours and address the causes?	Yes	Yes. This is undertaken at a operational level and escalated to senior management as necessary.
Are district nursing staff effectively deployed?		
Are staff doing the right things in the right place at the right time?	Partial	Partial.Community based information systems are very limited. Swansea and NPT are primarily paperbased organisational system. Mobilisation and WCCIS programmes will be addressing this by providing all DNs with mobile/remote access that will improve this position. DN Action Plan has also identified areas of clinical improvement.
Has the Health Board determined how much time teams should spend on direct patient care?	In progress	No, however this will be addressed within the 2018 DN action plan
Does the Health Board monitor how district nursing staff spend their time to minimise unnecessary variation?	Partial	No. However, as part of a pilot where DN staff in Bridgend were issued iPads. Work was undertaken by an external company commissioned by the Health Board which looked at typical daily working and made recommendations where efficiencies could be made. This is progressing as part of a Health Board initiative across Primary, Community, Mental Health and Learning Disability services whereby teams will be "Mobilised through technology" on a cluster by cluster basis.
Does the Health Board know what prevents staff from spending more time with patients?	In progress	Yes. The HB and external reviews have highlighted that there are service efficiencies which need to be made to maximise direct and indirect patient care. This will be addressed as part of the DN action plan as well as the opportunities which will provided via Mobilisation of the workforce/WCCIS.

Are plans in place to ensure district nurse teams have access to at least 15 hours of administrative support each week as set out in the Staffing Principles?	In progress	Yes. There is Administrative support already in place at Hub/Cluster level however this will need to be reviewed in line with the team configurations as outlined in the All Wales Interim DN guiding principles.
Does the Health Board know how the district nursing service performs?		
Has the Health Board agreed what information it needs to manage the district nursing service?	Yes	Yes. DN Action plan has identified performance management as a key development area to be completed by March 31st 2018
Does the Health Board know what patient think about the district nursing service?	Partial	Partial. The service receives compliments from patients and their families, these, as well as complaints, are recorded on the Datix system and reported to the Primary and Community Services Nursing and Community Quality and Safety meeting. Bridgend are a pilot for using the Friends and Family test using ipads. There are technical problems at present with the data software. PROMS and PREMS will form part of the Performance Management (as per Action plan)
Does the Health Board collect and report on a range of measures, including quality, safety and patient outcomes, to provide a rounded picture of the district nursing service?	Partial	Partial. However there is no formal DN report that pulls all of this information together. Nursing and Community Services Quality and Safefy meeting draws together a range of information regarding governance , though this is not balanced with Clinical capacity and demand data or clinical outcomes. The development of a DN dashboard will be addressed as part of the DN action plan.
Is the Board and its Committees sufficiently sighted of district nursing service performance?	Partial	Partial. Progress against the WAO District Nursing Audit has been reported to Board/ Committees. Executive team have received a presentaion based on the Capita capacity and demand review of Community services and specifically on the recommendations for District Nursing. This will be better addressed when DN performance is identified and captured within the Primary and Community services scorecard.
Does the Health Board have effective information systems in place?		
Has the Health Board put in place systems to capture information for managing the district nursing service?	Partial	Partial. In progress in line with the DN action plan
Is the Health Board preparing for the introduction of the WCCIS by, for example: - identifying a clinical lead to support the roll out; - Identifying the resources needed to support roll out; - aligning documentation and processes to the system; or - learning lessons from the roll out in other areas?	Yes	Yes. DN from each County area attend as clinical links with WCCIS. Alignment of documentation being undertaken. Further resource investment will be required when roll out is ready. Mobilisation and WCCIS meeting structure in place (jointly chaired by PCCS and MH). Bridgend County Borough Council were an early adopter of WCCIS and staff have had opportunities to see the system as they work as part of an integrated team. DN leads also attend national professional groups and receive feedback on the Health early adopters (Powys).