Archwilydd Cyffredinol Cymru
Auditor General for Wales

Review of District Nursing Services

Aneurin Bevan University Health Board

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The team who delivered the work comprised Tracey Davies, Kate Febry, Malcolm Latham and Gabrielle Smith.

Contents

The district nursing service has unexplained variation in resourcing and workload as well as weaknesses in information systems which make it difficult to assess performance, capacity and demand.

Summary report

Summary

1. District nurses play an important and crucial role within the primary and community health care team, visiting and providing care to patients in their own homes, which can include residential care homes. As well as providing direct patient care, district nurses also have a teaching role and work with patients and their relatives to help them manage their condition and treatment, avoiding unnecessary admission or readmission to hospital.

2. A district nurse's patient caseload can have a wide age range with a considerable mix of health and physical problems, including those who are terminally ill. In general, the largest numbers of patients are the elderly and frail. For the foreseeable future, demand for district nursing services is likely to increase because of the growing elderly population, shorter hospital stays and the move to treat more patients, often with complex care needs, in the community rather than in hospital.

3. Leading up to 2026, within the area of Aneurin Bevan University Health Board (the Health Board), the number of people aged 65 and over is expected to increase by 31 per cent[1]. Combined with this increase, the known link between deprivation and poor health is also placing additional demands with high levels of socioeconomic deprivation[2] in some parts of the Health Board's catchment area.

4. If these challenges are to be met, delivery of care in the community requires an appropriately co-ordinated, resourced and skilled workforce that is effectively deployed. With increasing demand on services and the financial constraints experienced by the Health Board, there needs to be a good understanding of the district nursing service, how it is used and how it fits within the overall approach to developing community services.

5. However, the Health Board recognised that it did not have comprehensive information on which to assess whether the district nursing service was effectively deployed and utilised. This prompted the Health Board to work with the then Wales Audit Office[3] undertaking a baseline assessment and benchmark of the district nurse service, which would help inform a wider community services review in line with clinical futures strategic and service development.

6. Currently, the district nursing service comprises approximately 282 nurses with individual teams caring for approximately 8,280 patients. These nurses are organised into 29 locality teams providing care with:

- 15 delivering care between 8 am and 8 pm;

[1] Welsh Government, *Local Authority Population Projections for Wales, 2011-based Variant Projections (SDR 165/2013)*, 2013.

[2] Public Health Wales Observatory, *GP Cluster Profiles: Aneurin Bevan University Health Board*, 2013.

[3] Before 1 April 2014, the term 'Wales Audit Office' meant the Auditor General for Wales and his staff.

- 12 delivering care across Caerphilly and Newport between 9 am and 5 pm; and
- two teams delivering 'twilight' period care between 5 pm and 10 pm.

7. Our review had the aim of answering the following question:

Is the Health Board's district nursing service set up effectively to meet demand for care in the community?

8. The work was undertaken between June and October 2013 and involved a diary exercise, caseload review, referral surveys and facilitated workshops, set out in more detail in Appendix 1. It is important to note that as the data collection was over a one-week snapshot period it does not take account of weekly and seasonal variation.

9. The presentation slides, evidence and conclusions coming from the audit work and workshop outputs can be found in Appendix 2. In addition to this summary report, the Health Board has been provided with a detailed data pack which is separate from this report.

10. Our main conclusion coming from our audit work is: The district nursing service has unexplained variation in resourcing and workload as well as weaknesses in information systems, which make it difficult to assess performance, capacity and demand. The following table summarises the findings that led to this conclusion.

Service aims
Some positive steps have been taken to promote a better understanding of district nursing services but the boundaries of the role are not always understood and opportunities to streamline and better integrate care are not being realised: • the Health Board's Nursing and Midwifery Strategy clearly articulates the move towards a community focused integrated model of care but it is not clear how district nursing services fit within this model and opportunities to streamline and better integrate care are not being realised; • a service specification and poster campaign set out the core components of the district nursing service, but the specification is overdue a review and the posters are used in only two of the five localities; and • there remains scope to improve the primary and secondary care sectors' understanding of district nursing services.
District nurse deployment
The limited understanding of demand makes it difficult to assess whether there is sufficient capacity, and leads to significant variation in resourcing and uneven workload between teams: • the changing patterns of community nursing service provision and the differences between the varying sources of workforce information make it difficult to understand trends in staffing levels; • the Health Board has undertaken a lot of work to understand the skills and training needs of the district nursing workforce; • there is limited understanding of demand and resources are not clearly aligned to population need; and • workload is unevenly distributed between individual district nursing teams although demand could be better managed by some district nursing teams.

Demand and referral management

The Health Board has developed flowcharts to improve referrals to district nurses but issues remain with the quality and appropriateness of referrals:

- a flowchart setting out referral criteria is included in the district nursing service specification but inappropriate referrals are still relatively common particularly in some areas;
- there is no standard checklist of the information needed when making a referral to district nursing services and only 58 per cent of referrals for new patients were deemed to provide adequate information;
- there is no common referral form but a prompt card to raise awareness of what is needed has been developed for hospital nurses; and
- some team leaders are more proactive than others in promoting appropriate referrals and high-quality referral information.

Performance monitoring information

The absence of an information system means that the Health Board is unable to effectively assess demand and determine its district nursing workforce requirements to inform staff deployment:

- the Health Board lacks an electronic information system to help it understand demand and care needs;
- the Health Board has developed a workforce capacity monitoring tool but in the absence of comprehensive information systems, it is unable to effectively determine its workforce requirements; and
- common to the rest of Wales there are some limitations to the way the Health Board assesses the quality of its district nursing service.

Issues to be addressed and the way forward

11. Our work and the subsequent workshops identified the following key areas that should be addressed if the Health Board is to deliver improved district nursing services to meet demand for care in the community.

Service aims actions

To effectively meet the growing demand on care in the community, the Health Board needs to:

- Draw on the findings from this review and work with all key stakeholders to determine and clarify the role and responsibilities of the district nursing services within the wider community service provision. As part of this process, take the opportunity to agree how care in the community can be streamlined and better integrated. This should include a clear definition and agreement of who is best placed to act as the patient's care co-ordinator and who is best placed to deliver specific care needs.
- Following on from this work, update and re-launch the district nursing specification to all key stakeholders. Within this specification, clearly signpost where other community services may be more appropriate. As part of this process review and update the service specifications for other community services such as Community Resource Teams, Frailty and any other relevant teams. This will support more streamlined and integrated care delivery and improve referrers' understanding of the correct service for the user.

District nurse deployment actions

To support effective deployment of its district nursing resource, the Health Board needs to:

- Agree mechanisms to allow Band 7 district nursing team leaders protected time from operational duties, which will allow them to proactively manage their caseloads, supervise and support staff, and lead their teams. As part of this, put in place mechanisms that allow team leaders across the Health Board to routinely share good practice. Protecting team leaders' time will enable:
  - routine profiling of caseloads to help improve service efficiency by targeting resources at those with the greatest need and to discharge those from the caseload that no longer need the district nursing service; and
  - support improved liaison and collaboration with key stakeholders.
- Use the results of this survey to:
  - identify opportunities to rebalance resources to match workload and population needs;
  - examine the variation in non-patient activity and consider whether there are opportunities to free district nursing time to support them in fulfilling their role in clinical and team management; and
  - determine whether existing resources could be used differently to provide common interventions such as venepuncture.
- To inform future resource planning and deployment, the Health Board needs to undertake a longer-term examination of how much time is actually spent on Continuing Health Care (CHC) administration.

Demand and referral management actions

To influence and manage demand better:

- Update and re-launch the criteria for referrals and communicate these to all referrers.
- Draw on the prompt card to develop a checklist of information to act as a standard referral pro forma to be used across all Health Board areas. Use the information generated to target those that refer inappropriately or inadequately.
- Work in partnership with GPs to understand the variation between how some GP practices use the district nursing service and determine whether district nurses are the most appropriate resource to deliver those needs.

Information actions

In strengthening performance monitoring and management of the district nursing service:

- use the findings of this review as the baseline and catalyst for more effectively managing the service;
- develop a wider range of quality and safety measures that are routinely monitored, reported and acted upon;
- actively participate and influence the work of the all-Wales Community Nursing Acuity Tool; and
- improve the quality of information by addressing and removing the differences that exist between the different sources of workforce information.

Appendix 1

Audit approach

The audit sought to answer the question:

Is the Health Board's district nursing service set up effectively to meet demand for care in the community?

In particular, we examined whether:

- the aims and the purpose of the service are clear;
- district nursing resources are effectively deployed;
- demand for services is well managed;
- staff are effectively utilised; and
- robust information is available to monitor the quality and performance of the service.

We carried out a number of audit activities between July and October 2013 to address these questions. The audit activities are set out in the table below. Please note that each audit activity was carried out in successive weeks to minimise the impact of one activity upon another.

Audit activities	Purpose
1. Caseload survey	The district nursing team leaders of the 27 core teams were asked to review their active caseload (ie, only patients who had been seen in the last six months). This entailed each team leader completing a separate survey form about each patient. The survey sought information on the frequency of visits, the length of time a patient was on a caseload, the length of the visit, location of care, types of care provided and whether patients receive care from other health or social care professionals. Over 7,093 survey forms for the active caseload were completed.
2. Prospective survey of referrals to the service	The purpose of this survey was to find out about the nature of the referrals, the quality of the referral information and the perceived appropriateness of referrals received by the district nursing teams. Each team completed a survey for each new referral received over a one-week period in July 2013 that resulted in a face-to-face visit or a telephone call. A new referral was defined as a referral for a patient who was not currently receiving regular district nursing care. Five hundred and ninety referral survey forms were completed.

Audit activities	Purpose
3. Individual workload diary	All staff working as part of the district nursing team at the time of the audit were asked to complete a seven-day activity diary, including the twilight teams. The diary was designed to find out how much time district nursing teams spend on different types of activity as well as the number and nature of patient contacts. Three hundred completed diaries were returned.
4. Data collection survey	The data collection survey was designed to collect information from the team leaders on the head count and whole-time equivalent numbers of staff, the types of care activities that nursing staff were trained to deliver and the number practising these activities. Twenty-nine forms were completed (including two forms for the twilight teams).
5. Workshops with team leaders and managers	These workshops were used to present the findings from the audit activities to which the teams had contributed and to discuss the implications of the findings.
6. Workshop with senior nurse management team	This workshop was used to summarise the evidence and findings in the context of developing the service and where the Health Board needed to do more work.

Appendix 2

Presentation of key findings

The pages following this one contain the presentation slides, evidence and conclusions coming from the audit work and workshop outputs.

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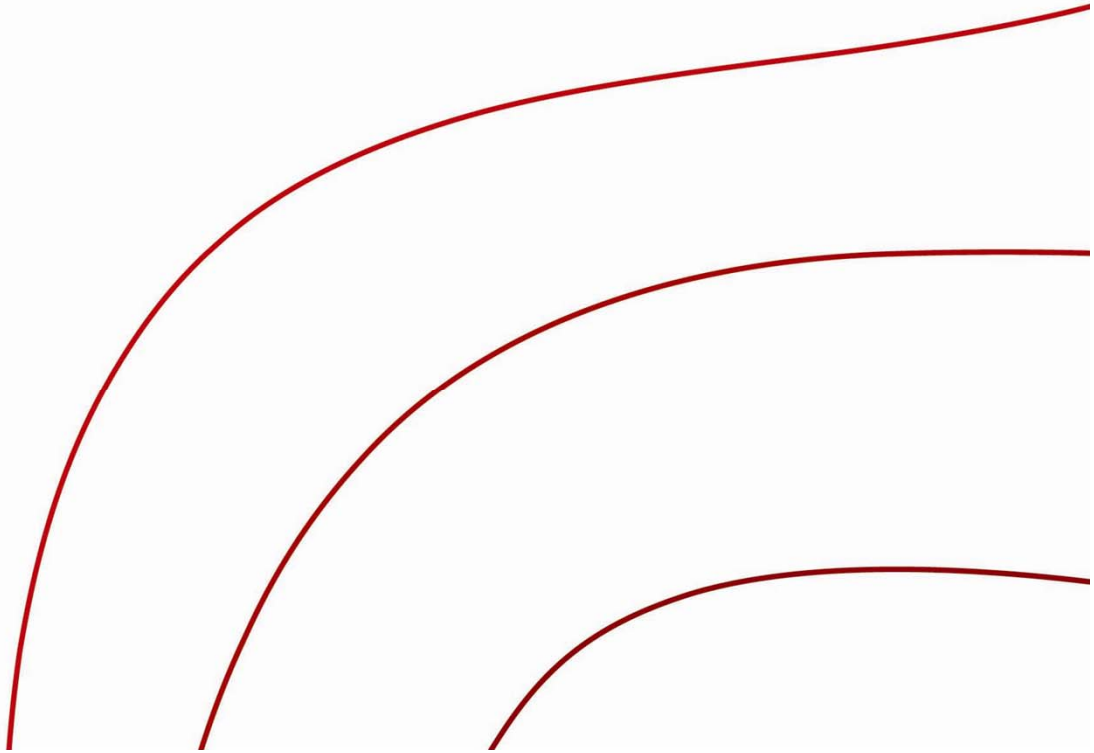
March 2014

District Nursing Review

Aneurin Bevan University Health Board



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Background

- District nurses are a major provider of healthcare delivered in patients' homes.
- Demand for district nursing services has been rising and is anticipated to continue to increase.
  - one in four registered patients living in the most deprived fifth of areas in Wales; and
  - the number of people aged 65 and over is projected to increase by 31% between 2011 and 2026
- Delivery of care closer to home requires an appropriately resourced and skilled community workforce that is effectively deployed, yet previous district nursing reviews have shown variation in the way nursing caseloads are resourced and managed.
- With a range of other professional staff delivering care in the community, the Health Board needs a good understanding of its district nursing service and how it is used as part of its wider approach to community service development.

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Aims of the audit

Main question: Is the Health Board's district nursing service set up effectively to meet demand for care in the community?

- Are the aims and purpose of the service clear?
- Are district nursing resources effectively deployed?
- Is demand for services well managed?
- Is robust information available to monitor the quality and performance of the service?

[Audit approach: Interviews, document reviews, diary exercise, caseload review, referral surveys and facilitated workshops]

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Overall conclusion

We concluded that:

The district nursing service has unexplained variation in resourcing and workload as well as weaknesses in information systems which make it difficult to assess performance, capacity and demand.

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Sub conclusions

1. **Service aims:** Some positive steps have been taken to promote a better understanding of district nursing services but the boundaries of the role are not always understood and opportunities to streamline and better integrate care are not being realised.
2. **District nurse deployment:** The limited understanding of demand makes it difficult to assess whether there is sufficient capacity and leads to significant variation in resourcing and uneven workload between teams.
3. **Demand and referral management:** The Health Board has developed flow charts to improve referrals to district nurses but issues remain with the quality and appropriateness of referrals.
4. **Performance monitoring information:** The absence of an information system means that the Health Board is unable to effectively assess demand and determine its district nursing workforce requirements to inform staff deployment.

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Service aims

Some positive steps have been taken to promote a better understanding of district nursing services but the boundaries of the role are not always understood and opportunities to streamline and better integrate care are not being realised.

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Service aims

a. The Health Board's Nursing and Midwifery Strategy clearly articulates the move towards a community focused integrated model of care but it is not clear how district nursing services fit within this model and opportunities to streamline and better integrate care are not being realised.

- The Strategy clearly articulates the move towards a community focused and integrated model but it is not clear how district nursing services fit within this model.
- District nursing staff reported that there was poor integration with other community services and that they were often unaware of the interventions by other services for their patients.
- Staff reported that there was overlap in the type of care provided by district nursing teams and other community services like the community resource team.
- District nursing services reported providing a broad range of care for patients compared with other community services that have narrower but generally a more specialised focus. Yet there is a lack of clarity of who should act as a patient's care co-ordinator nor is there universal agreement of what this means in practice.

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Service aims

b. A service specification and poster campaign sets out the core components of the district nursing service but the specification is overdue a review and the posters are used in only two of the five localities.

- The clear and helpful specification developed in May 2011 included a number of areas for development. None of these have been completed and the specification needs to be updated. The Health Board stated that work had been paused pending the results of this audit and wider all Wales work.
- The poster campaign summarises what a district nurse does and sets out the composition of the team but it is used in two localities only.

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Service aims

C. There remains scope to improve the primary and secondary care sectors' understanding of district nursing services.

- The range of community services is confusing for ward staff and there needs to be better communication about the role of the service.
- There are variations in the types of activities that GP practices expect district nursing services to provide but some team leaders 'manage' the GP practice relationship well.
- Unlike community resource teams, district nursing staff are not routinely invited to attend multidisciplinary meetings about patients.

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District nurse deployment

The limited understanding of demand makes it difficult to assess whether there is sufficient capacity and leads to significant variation in resourcing and uneven workload between teams.

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District nurse deployment

a. The changing patterns of community nursing service provision and the differences between the varying sources of workforce information, make it difficult to understand trends in staffing levels.

b. The Health Board has undertaken a lot of work to understand the skills and training needs of the district nursing workforce.

c. There is limited understanding of demand and resources are not clearly aligned to population need.

d. Workload is unevenly distributed between individual district nursing teams although demand could be better managed by some district nursing teams.

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District nurse deployment

a. The changing patterns of community nursing service provision and the differences between the varying sources of workforce information make it difficult to understand trends in district nurse staffing levels.

- Resource planning is historically based.
- A review by the Royal College of Nursing in 2009 suggested that district nursing resources were depleted; although there have been investments into the service, recent workforce data suggest little change in workforce numbers compared with numbers in post in 2009.
- The Health Board's ledger information differs from the data provided to the Wales Audit Office by individual district nursing teams.
  - Movement of staff into or out of budget lines may account for these differences but it makes trend analysis difficult.

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District nurse deployment

Workforce capacity continued

- Changes to pattern of community nursing services, and the introduction of Gwent Frailty services complicate direct comparison between current and past staffing levels.
- Workshop participants did not recognise the increase in numbers of district nursing staff and clerical staff; but the increase in numbers was small and may be imperceptible to individual teams.
- Staff perceive that demand for services is outstripping supply and that the dependency of patients is increasing but that resources are not moving into the community to support more complex patients.
- Staff reported there is no slack in the system and that they have limited capacity to help other teams. However, they also thought that there was duplication of effort across the wider community services.
- The ratio of registered nursing staff to healthcare support workers is broadly similar across localities with the exception of the Torfaen locality where the proportion of registered nurses was smaller (see slide 14).

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District nurse deployment

The ratio of registered to unregistered district nurses is broadly similar although Torfaen has a lower proportion of registered nurses than the other localities (*based on survey information submitted for this audit*)

Locality	Total registered WTE (in-post and vacancies)	Total unregistered WTE (excludes admin staff)	Total number of nursing staff	Ratio of registered nurses to unregistered nurses
Blaenau Gwent	42.80	4.42	47.22	90: 10.
Caerphilly	69.85	10.70	80.55	85:15.
Monmouthshire	40.84	3.46	44.30	91:9
Newport	55.95	5.41	61.36	91: 9
Torfaen	40.09	8.72	48.81	78: 22

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District nurse deployment

b. The Health Board has undertaken a lot of work to understand the skills and training needs of the the district nursing workforce.

- Duplication between district nursing teams and other community services suggest there needs to be clarity of what skills are needed in the community and who should deliver them.
- The skills of the primary care nursing workforce are unknown but perceived gaps in their skills and practice along with wider workforce skills impact on the district nursing workforce.
- Some staff feel it is getting more difficult to access training because of difficulties being released to attend or to backfill posts.
- The Health Board has undertaken a baseline assessment of the district nursing skills and identified the key priority areas which include degree pathways for community nurses, diabetes management and end of life pathways. Band 3 and 4 healthcare support worker roles have been clearly defined and a competency framework fully implemented.
- The audit sought information on the types of care activities that staff were trained to provide e.g. cannulation or intravenous (IV) drug administration:
  - Generally those trained also regularly practise these skills; but there are differences- teams in Newport and Blaenau Gwent do not provide IV services although trained to do so as the community resource teams provide this care activity. This practice variation is confusing for referring staff and also has an impact on how district nursing staff maintain their competence.

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District nurse deployment

C. There is limited understanding of demand and resources are not clearly aligned to population need.

- Information is not readily accessible about the number of patients on the caseload, their dependency and their care needs.
- Caseloads vary between localities (table below).

Locality	Number of "actively seen" patients per WTE staff in post
Blaenau Gwent	26
Caerphilly	31
Monmouthshire	25
Newport	24
Torfaen	23
Health Board	**23**

Actively seen patients are those patients on the caseload seen in the last six months.

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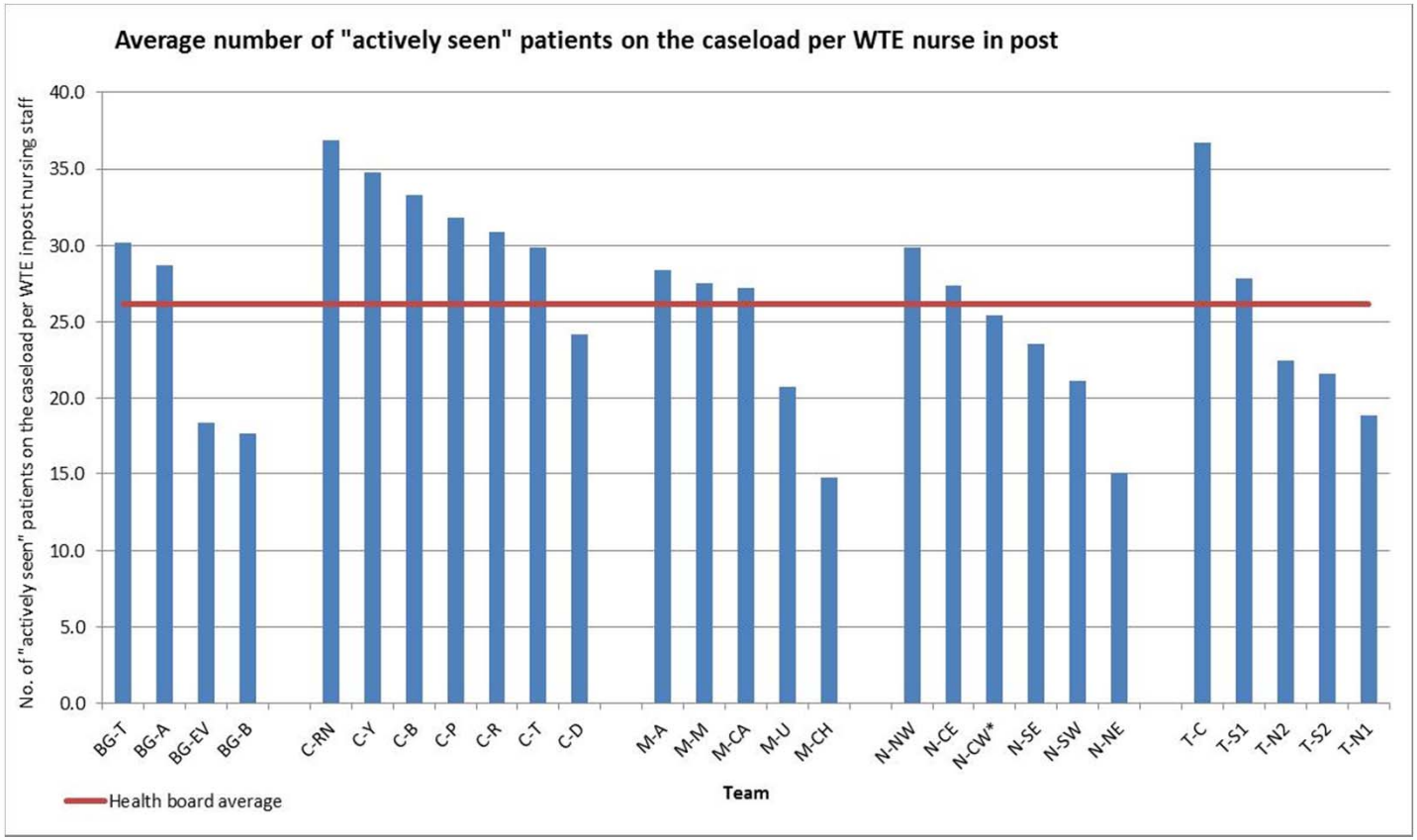
District nurse deployment

Caseloads vary markedly within localities.



District Nursing Review

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District nurse deployment

- The lack of a dependency tool makes it more difficult to ensure resources are aligned to need; and district nursing staff reported that acuity and dependence are increasing, leading to a heavy caseload.
- The number of district nursing staff is not clearly aligned to population need.
- Proxy measures used to determine demand and need (slide 19) demonstrate:
  - higher levels of self determined poor health and limitations in three of the Health Board's localities; and
  - yet an apparent mismatch in the caseload size and available resources when considering the age profile and needs across the localities.

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District nurse deployment

	Blaenau Gwent	Caerphilly[3]	Monmouthshire	Newport[4]	Torfaen	Health board
Percentage of population aged 65 and over [1]	**18.5%**	**17.3%**	**21.9%**	**16.8%**	**18.6%**	**18.2%**
WTE district nursing staff in post (incl. twilight) per head of pop aged 65+[2]	3.6	2.5	2.1	2.4	2.8	2.6
Number of registered patients aged 65 or over per WTE district nursing staff in post [5]	39.7	26.4	24.6	26.7	28.4	30.4
Percentage of Welsh residents who assess their general health status as bad or very bad [6]	10.7%	9.3%	5.9%	7.4%	8.7%	7.6% Welsh average
Percentage of Welsh residents whose day to day activities are limited a lot or a little [6]	**27.2%**	**25.4%**	**20.1%**	**20.8%**	**24.1%**	**22.7% Welsh average**

1 Welsh Government, StatsWales, Mid-Year Population Estimates by local authority, accessed June 2013.
2 Mid-year population estimates used.
3 One team provides care for patients registered with 2 GP practices in Cwm Taf.
4 One team provides care for patients registered with 5 GP practices in Cardiff & Vale.
5 These figures exclude GP practices outside the Health Board boundaries.
6 2011 Census.

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District nurse deployment

Our analysis of the caseloads found that:

- Just over 7,000 patients are 'actively' seen (i.e. seen in the past six months); an additional 1,100 patients are seen less frequently.
- 39% of patients receive a visit once a week or more frequently, 20% once a month, 25% two to three monthly and 9% four to six monthly.
- 50% of patients have been on the caseload for more than one year (33% for more than two years)
  - Staff told us that caseloads are never closed and caseloads are described as elastic placing staff under significant pressure. Although, our review found that some teams are more effective at discharging patients from the caseload which will reduce pressure.
- 70% of patients on the caseload are aged 75 years and over.
- 47% of patients on the caseload live alone.
- 99% of patients receive care in their own home.

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District nurse deployment

Caseload profile continued …

- 97% of patients receive a single-handed visit (even those with multiple care packages/interventions).
- 39% of patients receive one care package/intervention – typically venepuncture, care for urinary problems and wound management being the most prevalent:
  - 30% of patients receive two care packages/interventions, with more than half of these patients receiving venepuncture, along with care for either cardiac problems, need for injections, continence problems, leg ulcers or an acute illness; and
  - 5% of patients have more than five care packages/interventions.
- District nursing staff 'act' as case managers for 85% of patients.
- 51% of patients receive at least one intervention from another community nursing service; the greatest proportion was for palliative care:
  - but not all team leaders were clear about the other health or social care services patients were receiving, even when patients were seen frequently.

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District nurse deployment

a. Workload is unevenly distributed between individual district nursing teams although demand could be better managed by some district nursing teams.

- the time spent on direct and indirect patient care varies by locality with Monmouthshire teams spending the least amount of time on patient related activities;
- the proportion of time spent on direct and indirect patient care reduces with increasing seniority of district nursing staff;
- most patient contacts are face to face but an increasing proportion of telephone contacts are made by senior district nursing staff;
- the time spent on non patient care activity varies markedly by locality; and
- at the time of our audit the time spent on Continuing Healthcare administration was significantly lower than expected.

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District nurse deployment

At the time of our audit, district nursing staff made 11,114 contacts with patients:

- 321 (3%) of these contacts were ‘no access calls’ but the proportion is much greater for some teams which reduces the amount of productive time available for other patients;
- 86% of contacts took place on weekdays;
- 520 (5%) of these contacts were ‘twilight’ contacts; and
- most contacts are face to face; 11% of contacts are made by telephone with the greatest proportions made by senior nursing staff.

Pay band	Proportion of contacts made by telephone
Bands 3 & 4	5%
Band 5	7%
Band 6	30%
Band 7	41%
Health board	11%

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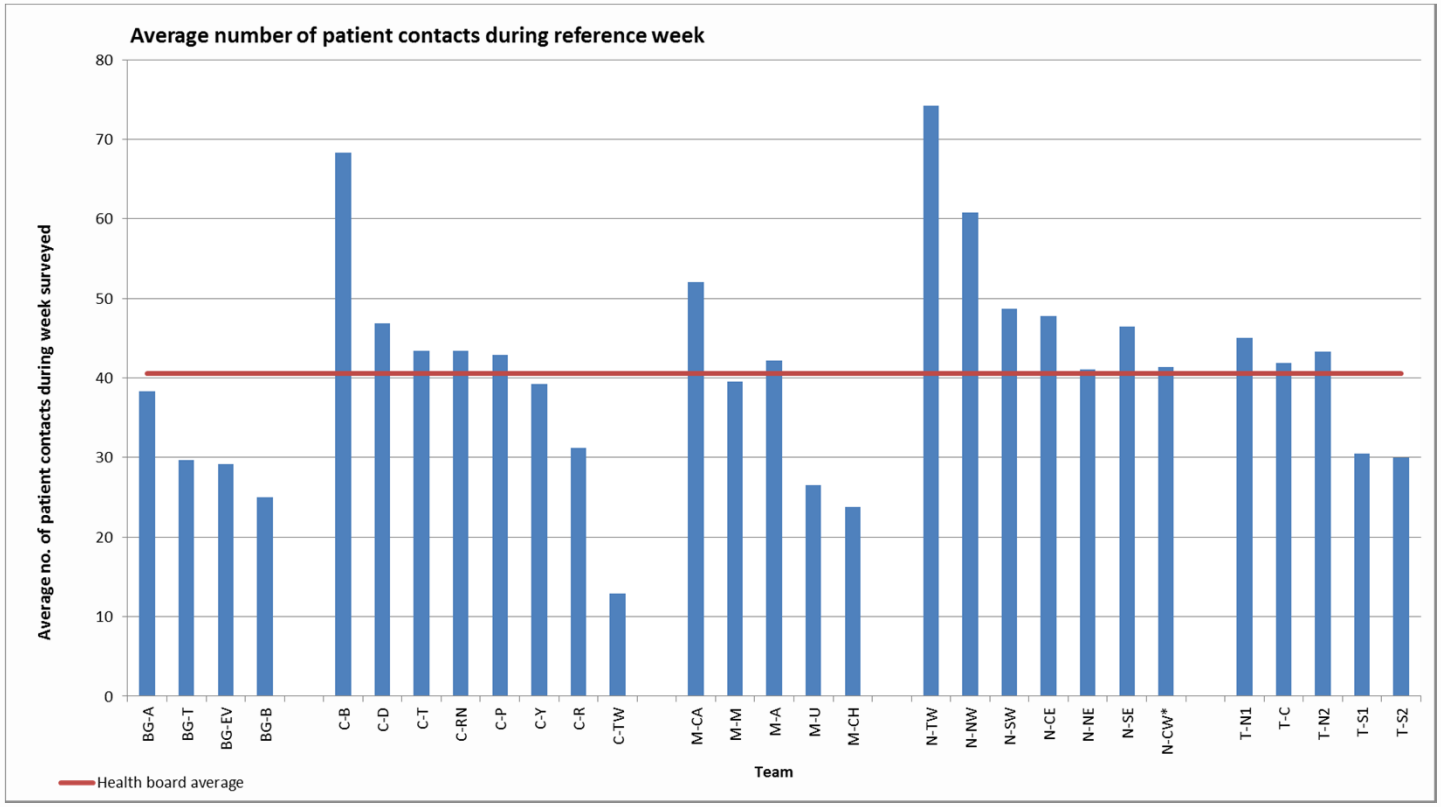
District nurse deployment

There are variations in the average numbers of patient contacts between and within localities.



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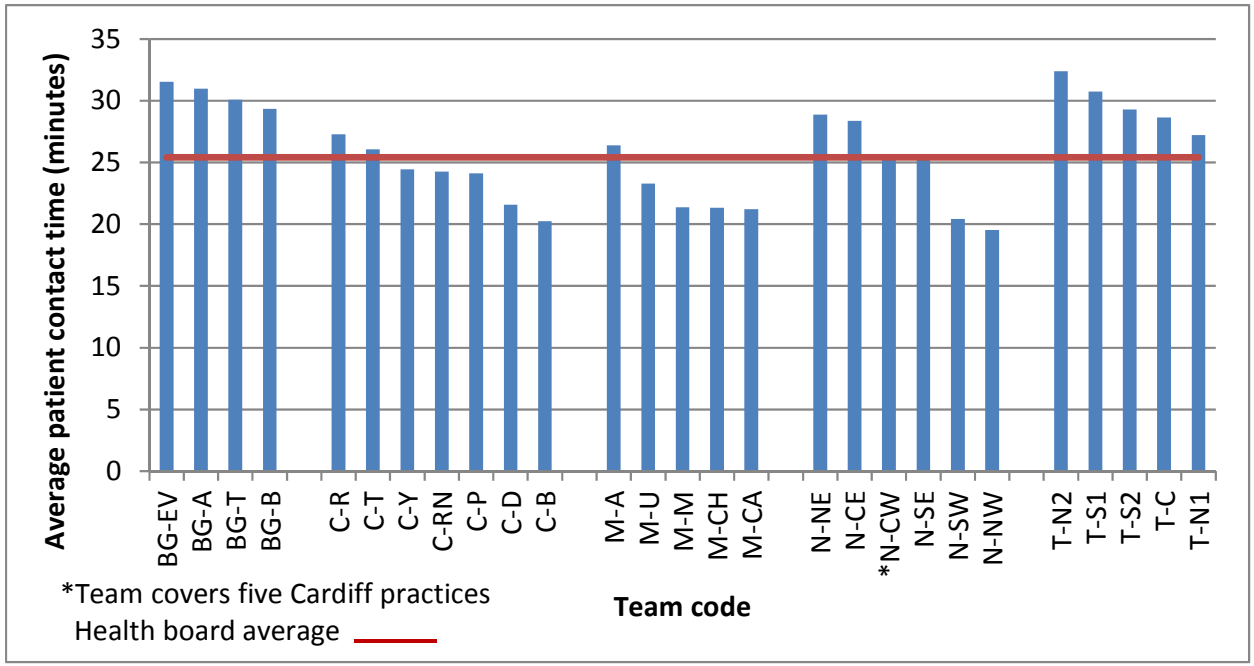
District nurse deployment

The average time spent on direct patient care per contact is 25.4 minutes but varies between teams within localities; it does not appear to be associated with the proportion of telephone contacts made.



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District nurse deployment

The time spent on direct and indirect patient care varies by locality with Monmouthshire teams spending the least amount of time on patient related activities

LHB	Direct patient care	Indirect patient care				Proportion of time on direct and indirect patient care
		Patient admin	Patient related travel	No access calls	CHC	
Blaenau Gwent	56%	8%	11%	1%	3%	79%
Caerphilly	55%	11%	16%	1%	0%	83%
Monmouthshire	43%	17%	12%	1%	2%	75%
Newport	53%	18%	13%	0%	2%	87%
Torfaen	53%	11%	11%	1%	1%	77%
LHB	52%	13%	13%	1%	1%	81%

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District nurse deployment

The proportion of time spent on direct and indirect patient care reduces with increasing seniority of nursing staff.

LHB	Direct patient care	Indirect patient care				Proportion of time on direct and indirect patient care
		Patient admin	Patient related travel	No access calls	CHC	
Bands 3 & 4	57%	9%	16%	1%	0%	83%
Band 5	58%	12%	15%	1%	0%	86%
Band 6	39%	19%	9%	1%	3%	71%
Band 7	24%	17%	5%	0%	10%	57%
LHB	52%	13%	13%	1%	1%	81%

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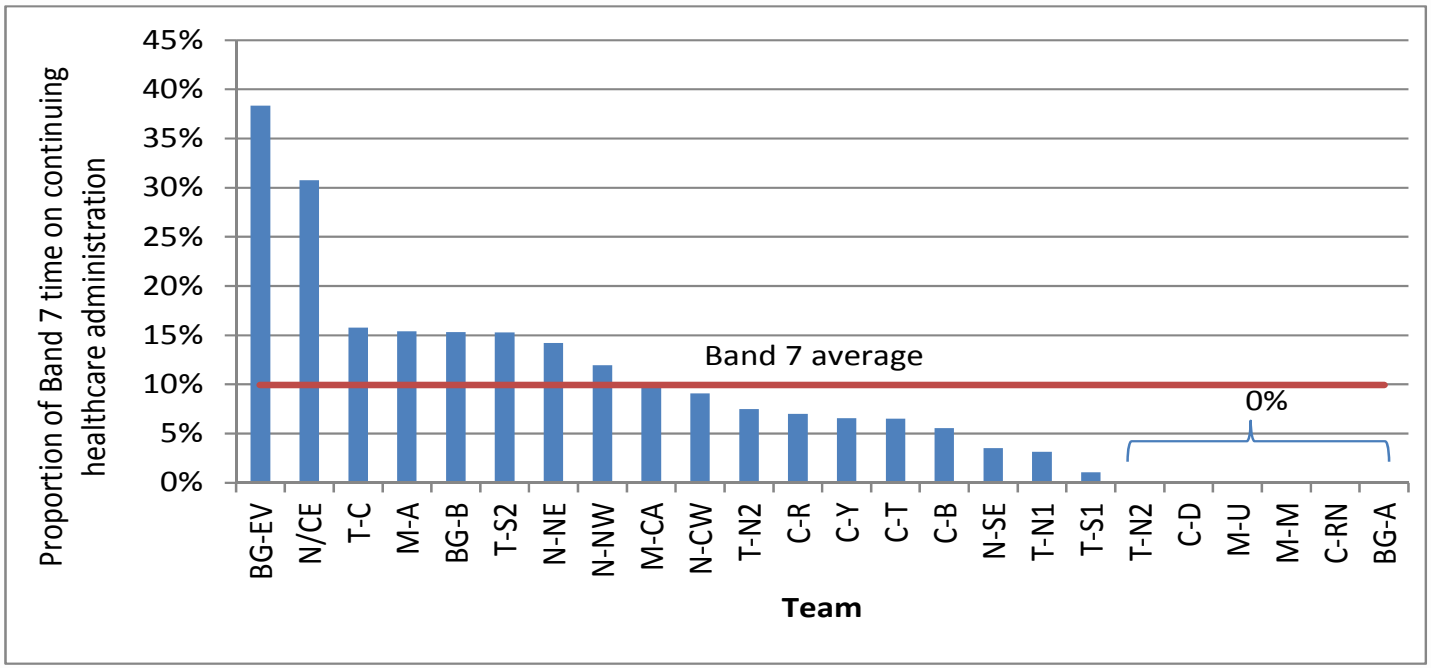
District nurse deployment

Although the overall proportion of time spent on continuing healthcare (CHC) administration is very small, Band 7 staff spent 10% of their time on this activity but this varied between teams.



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District nurse deployment

The time spent on non patient care varies markedly by locality with Newport spending the least amount of time on non patient care related activities.

LHB	Proportion of time on direct and indirect patient care	Non patient care (non- patient care travel, professional and clinical management, team management, admin, teaching and learning, and other activities)
Blaenau Gwent	79%	21%
Caerphilly	83%	17%
Monmouthshire	75%	25%
Newport	87%	13%
Torfaen	77%	23%
LHB	81%	19%

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Demand and referral management

The Health Board has developed flow charts to improve referrals to district nurses but issues remain with the quality and appropriateness of referrals.

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Demand and referral management

a. A flow chart setting out referral criteria is included in the district nursing service specification but inappropriate referrals are still relatively common particularly in some areas.

b. There is no standard checklist of the information needed when making a referral to district nursing services; only 58% of referrals for new patients were deemed to provide adequate information.

c. There is no common referral form but a prompt card to raise awareness of what is needed has been developed for hospital nurses.

d. Some team leaders are more proactive than others in promoting appropriate referrals and high quality referral information.

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Demand and referral management

At the time of the audit, 590 referrals were received over one week.

- 68 referrals were described as 'inappropriate' because patients were not 'housebound' or their care could have been provided more appropriately by other health professionals:
  - higher proportions of referrals described as inappropriate by teams in the Monmouthshire (19%) and Newport (16%) localities;
  - 26 of the 68 inappropriate referrals were for venepuncture;
  - 24 of 68 referrals were received from GPs with 16 requesting venepuncture;
  - 45 of 68 referrals did not result in ongoing district nursing care after the initial assessment; and
  - 33 of the 68 patients were referred on to other services, such as practice nurses, GP, social services or specialist nurses.

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Demand and referral management

There are key gaps in the referral information for new patients received by district nursing services.

Proportion of referrals that included information on the following:	
the urgency of the referral?	72%
whether equipment or dressings would be required?	51%
the medical history or diagnosis?	60%
whether the patient lives alone?	35%
how you would gain access to the patient's home?	35%
whether the patient has a carer?	29%
whether other health professionals are involved in the patient's care?	23%
whether social services are involved in the patient's care?	22%
whether voluntary services are involved in the patent's care?	9%

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Demand and referral management

The majority of referrals were from GPs but there are big variations between some localities (table below).

Locality	GP	Hospital staff	Self-referral/ carer	Social Services	Specialist nurse	Other
Blaenau Gwent	37%	40%	7%	0%	7%	10%
Caerphilly	59%	18%	16%	1%	0%	5%
Monmouthshire	38%	18%	24%	8%	5%	8%
Newport	35%	19%	23%	4%	6%	12%
Torfaen	56%	26%	15%	0%	0%	3%
Health board	**44%**	**20%**	**20%**	**4%**	**4%**	**8%**

- Most referrals are received on weekdays but the highest proportion is received on Mondays.
- 26% of referrals were perceived to prevent hospital admission.
- 20% of referrals were perceived to support earlier discharge.
- There is scope to improve the demand for district nursing services:
  - 33% of referrals were for venepuncture; 26% were for wound management; and
  - other reasons included requests for wheel chair assessments or ear syringing.
- Referrals from GPs reportedly peak at certain times of the year or when practice nurses are on holiday which can adversely impact on the district nursing resource.

Performance monitoring information

The absence of an information system means that the Health Board is unable to effectively assess demand and determine its district nursing workforce requirements to inform staff deployment.

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Performance monitoring information

a. The Health Board lacks an electronic information system to help it understand demand and care needs.
   - There is no readily accessible system for monitoring the number of patients on the caseload, their dependency or care needs; the Health Board plans to use the audit findings as a baseline for moving forward.
   - There is no system to assess or categorise a patient's dependency or need.
   - As with all other parts of Wales, the Health Board is awaiting the development of an all Wales IT solution which will encompass health and social care needs.

b. The Health Board has developed a capacity monitoring tool but in the absence of information systems, it is unable to effectively determine its workforce requirements.
   - The Nursing and Midwifery Strategy refers to the development of a standardised district nursing staff measurement tool which will be tested during 2013/14 but this work is on hold while an all Wales solution is sought by NHS Wales.

c. Common to the rest of Wales there are some limitations in the way the Health Board assesses the quality of its district nursing service.
   - A number of quality measures of the district nursing service are routinely captured and reported but this does not include patient experience.
   - NHS Wales plans to roll out the Fundamentals of Care Audit across community services which should enable patient experience and wider aspects of care to be routinely captured.

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