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Review of District Nursing Services

Cardiff and Vale University Health Board

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The team who delivered the work comprised Gabrielle Smith, Katrina Febry and Anne Beegan.

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Summary report

Summary

1. District nurses are a major provider of care in the community. They play a crucial role within the primary and community health care team, visiting and providing care to patients in the community and their own homes. District nurses also have a role working 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 problems, including those who are terminally ill. 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. Across the Cardiff and Vale University Health Board (the Health Board), the number of people aged 65 and over is expected to increase by 26 per cent by 2036 with the very elderly i.e. those aged 85 and over increasing by 126 per cent¹.
3. The Welsh Government's Chronic Conditions Management Model², and primary and community care strategy³, signal the need to rebalance services on a whole system basis and to provide more care in community settings. The Welsh Government's vision is for an integrated multidisciplinary team focusing on co-ordinating community services across geographical localities for individuals with complex health and social care needs.
4. Our previous work on chronic conditions⁴ found that:
 - few health boards had a good understanding of the capacity or capability of their community workforce, making it difficult to target training and development in order to achieve a shift in care towards the community;
 - some health boards had restructured district nursing services to provide the capacity needed to 'shift' care into the community and provide care coordination; and
 - community services for the most vulnerable patients could be better coordinated as many of these services, including district nursing, provided the same or similar service for this cohort of patients.

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

² Welsh Government, Designed to Improve Health and Management of Chronic Conditions in Wales: An Integrated Model and Framework for Action, 2007

³ Welsh Government, Setting the Direction: Primary and Community Services Strategic Delivery Programme, 2010

⁴ Auditor General for Wales, The Management of Chronic Conditions in Wales – An Update, March 2014

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5. 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 continuing financial constraints, health boards need to understand how the district nursing service is used and where it fits in the overall development of community services.
 6. The Auditor General for Wales carried out an all-Wales review of district nursing services based upon the collection of detailed information from all health boards. The review, carried out between March 2014 and August 2014, sought to answer the question: 'Is the Health Board planning and utilising its district nursing resources effectively as part of its wider approach to delivering care in the community?' [Appendix 1](#) sets out the audit approach.
 7. At the time of the audit, the district nursing service at Cardiff and Vale University Health Board was comprised of 226 (whole-time equivalent) nursing staff. These staff were organised into 18 teams across three localities to care for 6,000 patients. The service generally operates between 8am and 8pm with the night service providing care from 8pm until 8am. At the same time as the audit, the Health Board was developing proposals to align district nursing teams to neighbourhood networks. These proposals were implemented after the audit was completed and resulted in reductions in the number of teams and senior district nursing staff.

Our main findings

8. The main conclusion from our review is that the Health Board has a clear vision and good structures for district nursing with regular performance monitoring and reporting, although there is limited information on patient experience. Work is ongoing to better match resources to demand although it is unclear whether staff are effectively deployed. In particular:
 - There is a clear vision for district nursing, clear lines of accountability and good structures that support the delivery of services;
 - The Health Board has a good understanding of the demand for district nursing services and it is working to align resources to match demand;
 - It is unclear whether staff are effectively deployed because there is an absence of national guidance on community staffing levels and tools to measure patient dependency; and
 - Performance is regularly monitored and reported but information on patient experience is limited.
9. The table below summarises our main findings. The detailed evidence underpinning these findings is set out in [Appendix 2](#) in the form of a presentation.

Part 1 - There is a clear vision for district nursing, clear lines of accountability and good structures that support the delivery of services

The Health Board has a clear vision for its district nursing service, recently aligning its teams to support its locality and neighbourhood approach to community-based care:

- The integrated medium-term plan sets out the Health Board's locality and neighbourhood approach to support community-based care, of which district nursing is a key component.
- The integrated medium-term plan is informed by robust information in relation to local population need and likely future demand and the need to manage increasing pressure on district nursing services.
- The Health Board actively engaged with district nursing staff and other stakeholders over its proposals to align district nursing teams to neighbourhoods with alignment to completed in early autumn.

The workforce requirements for the district nursing service were being developed at the time of the audit but overall numbers of senior staff are likely to reduce following alignment of teams to neighbourhoods:

- The Health Board's district nursing service specification, published in 2010, clearly sets out the role of the district nursing service and its fit within wider community and nursing services.
- A review of operational practices and district nursing team structures in 2013 has underpinned the Health Board's proposals for aligning district nursing teams to neighborhoods.
- At the time of our audit, the Primary, Community and Integrated Care (PCIC) Clinical Board was developing a detailed workforce plan to support delivery of the priorities set out in the integrated medium-term plan.
- Proposals to align district nursing teams to neighborhoods will see a reduction in the number of senior staff as the Health Board seeks to consolidate the leadership and management skills of senior district nurses.

There are clear professional and managerial structures and lines of accountability to support delivery of the district nursing service and these arrangements are working well:

- Management arrangements for district nursing services are consistent across localities with locality lead nurses responsible for monitoring and reviewing service delivery.
- A professional lead for district nursing advises the PCIC Clinical Board.
- There are clear lines of accountability for delivering and monitoring delivery of district nursing services, including quality and safety, at both the locality and PCIC Clinical Board and then to the Executive team.

Part 2 - The Health Board has a good understanding of the demand for district nursing services and it is working to align resources to match demand

The Health Board is actively managing demand for district nursing services:

- There are clear referral and exclusion criteria in place.
- The communications hub handles all referrals to the district nursing service, which means inappropriate demand is quickly assessed with targeted support provided to those referring inappropriately.
- There is clarity about what referral information is needed, including capturing information on risks to lone working or home visiting, but this information is not always captured on the electronic system.
- The number of referrals is regularly monitored as part of the locality dashboard.

The Health Board is reshaping the district nursing service to ensure that it has the right numbers of staff and skills to meet demand:

- The number of district nursing staff available for the population of registered patients compares typically with the Wales average.
- There has been a small increase in the district nursing workforce since 2009.
- Grade mix has changed over the last five years with big reductions in the number of senior district nursing staff (Band 7), which reflects reductions in the number of district nursing teams over that time. In the meantime, numbers of community staff nurses is increasing
- At the time of our audit, there were marked variations in grade mix across teams both within and between localities.
- Expenditure on pay for permanent district nursing staff shows modest increases over the last four years. Costs for temporary staffing, which account for a very small proportion of the overall pay bill, increased.
- At the time of the audit, the vacancy rate for district nursing staff was higher than the Wales average.

The Health Board is committed to ensuring staff have the appropriate skills to meet demand but compliance with statutory and mandatory training needs to improve:

- Training needs and skills deficits are identified annually.
- Most staff have had an performance appraisal and development review within the last 12 months and compliance is regularly monitored at both a locality level and the Board.
- The Health Board is working to ensure district nursing staff are appropriately trained to work in the community.
- Compliance with statutory and mandatory training is very poor and presents corporate and operational risks.

- Staff have access to paid protected time for continuing professional development but a few teams report 'never' having access.
- Typically, from evidence gathered as part of the audit, district nursing staff are making use of the skills for which they have received training.
- The Health Board encourages clinical supervision for nursing staff but it is not formally practised. Instead, the introduction of a daily team handover and direct observations of clinical practice provide opportunities to share and reflect on clinical practice, as well as to discuss individual patient needs.

Part 3 - It is unclear whether staff are effectively deployed because there is an absence of national guidance on community staffing levels and tools to measure patient dependency

There is unexplained variation in the way district nursing teams spend their time and the Health Board is working to increase patient facing time:

- The Health Board is working to increase patient facing time with the proportion of time staff spend on direct patient care just below the Wales average.
- There are big differences in the proportion of time spent on direct patient care and in non-patient related activity between teams.
- Travel time related to patient visits accounts for under one-fifth of patient related activity with small variations in the average travel time per patient contact.
- The proportion of time that staff spend with patients varies across and within grades, although there does not appear to be a clear rationale for this variation.
- The grade mix is generally consistent across the week.

Staff are unevenly distributed across caseloads and resources may not match the needs of the caseload:

- At the time of the audit, workloads, measured as numbers of patients per district nurse, varies twofold between district nursing teams. It is not clear whether the variation is related to patient dependency but recent changes to team structures may reduce this variation.
- District nursing staff undertook nearly 7,000 patient visits or contacts during the audit week with some variation between teams in relation to the number of patients visited and the time taken to treat them.
- Some staff are working in excess of their contracted hours.

Arrangements are in place to support effective caseload management and these appear to be working well:

- Caseloads generally never close but there are clear escalation procedures to manage increased pressure on capacity.
- The number of visits to patients in any one day is potentially unlimited.
- Some teams are caring for patients registered with GP practices outside the Health Board's boundaries but the district nursing service has worked with neighbouring services to agree responsibility for the care of these patients with residual risks recorded on locality risk registers.
- There is no standardised patient dependency tool in use and the Health Board is awaiting the roll out of a national tool currently in development.
- Discharges from the caseload are regularly monitored as part of the locality dashboard but a small number of patients remain on the caseload for a long time with some patients receiving infrequent visits.
- The district nursing service aims to provide care for housebound patients but it is difficult to establish how many patients are truly housebound.

Part 4 - Performance is regularly monitored and reported but information on patient experience is limited

The Health Board has systems in place to monitor and report on the performance of the district nursing service but information on patient experience is limited:

- Cardiff and Vale is the only health board to regularly report on the performance of its district nursing service with a number of performance indicators included in the monthly locality dashboard.
- The electronic care record system provides information to support planning and monitoring and this information is actively used.
- Mechanisms to capture patient experience or patient outcomes are currently ad hoc with reliance placed on monitoring complaints and incidents but teams are working to develop a more consistent way to capture feedback. In future, findings from the 'Fundamentals of Care' audit, soon to be rolled out to district nursing services across Wales, will provide some information on patient experience.

The Health Board plays an active role in the development of district nursing services across Wales and is re-invigorating the professional forum now that recent changes to team structures have been completed:

- Senior nursing staff actively contribute to the all-Wales forums related to the district nursing service.
- The lead nurses are currently reviewing the professional forum following the recent changes to team structures to ensure appropriate mechanisms are in place to share professional issues and good practice.

Recommendations

Strategy and planning

- R1 Now that changes to team structures are complete, the Health Board should:
- use the opportunity to review and refresh the service specification to reflect the changes; and
 - raise awareness with potential referrers and other key stakeholders about the role of district nursing services in providing care for patients who are 'housebound' and that where appropriate, patients may be treated in other care settings.

Effective deployment

- R2 There were big differences in how district nursing staff spent their time. To support effective deployment, the Health Board should:
- seek to understand why some grades of staff spend less time on direct patient care;
 - use the findings from this review as a baseline against which to monitor progress towards increasing patient facing time;
 - assess whether realignment of teams has brought about the intended changes in relation to consolidating leadership and management skills.
-

Matching resources to the caseload

- R3 At the time of the audit, workload varied between teams. The Health Board should:
- compare team workloads to see if variation has reduced now that changes to team structures are complete; and
 - consider using the all-Wales dependency tool when it becomes available to objectively review whether workforce numbers and skills match the needs of the caseload.

Monitoring and improving services

- R4 There is clarity about the information that should be captured in the electronic care record when patients are referred; however, some information is not routinely captured. The Health Board should:
- consider making it mandatory to capture a small set of data, for example risks to lone working, whether the patient lives alone or is housebound, to ensure the safety of both patients and staff and efficient use of time.

- R5 Compliance with statutory and mandatory training is poor. The Health Board should:
- work with locality lead nurses and team leaders to consistently identify and record the statutory and mandatory training each member of staff needs and its required frequency to ensure compliance rates are accurate;
 - raise awareness amongst staff at the daily handover meetings about their responsibility in maintaining compliance with statutory and mandatory training;
 - assess whether the one-day facilitated statutory and mandatory training events are improving compliance;
 - seek to understand the barriers preventing compliance and put in place appropriate solutions to overcome them; and
 - consider whether compliance with statutory and mandatory training should be used to inform the locality dashboard.

- R6 The Health Board is able to monitor the performance of the district nursing service but information on patient experience and patient outcomes is limited. The Health Board should:
- agree and implement a consistent approach for seeking patient feedback;
 - work to agree measures for patient outcomes; and
 - consider how patient experience or patient outcomes can be used to inform the locality dashboard.
-

Appendix 1

Audit approach

The audit asked the question: Is the Health Board planning and utilising its district nursing resources effectively as part of its wider approach to delivering care in the community? In particular, we examined whether:

- there is a clear strategic approach for the delivery of district nursing service;
- there are adequate district nursing resources to meet demand;
- district nursing resources are effectively deployed; and
- there are effective arrangements to monitor the quality and performance of district nursing services.


We carried out a number of audit activities between March and August 2014 to answer these questions. Each audit activity was carried out in successive weeks to minimise the impact of one activity upon another.

Audit activities	Purpose
1. Caseload review	The Health Board extracted data from the PARIS system to enable us to profile district nursing caseloads in relation to the frequency of visits, the length of time on the caseload, the length of visit, location of care, types of care provided and whether patients received care from other health or social care professionals. On the 13 th April 2014, there were 6,023 patients who had received direct (face-to-face) or indirect (telephone) contact with a district nursing team in the six months prior to this date and for whom another visit was planned, that is the PARIS system indicated that the care record was still open.
2. Review of referrals received by the service	The Health Board extracted data from PARIS to examine the number and nature of referrals made to the district nursing service between April 7 th and 13 th . The district nursing service received 334 referrals during the reference week.
3. Team survey	We asked individual team leaders to complete a short questionnaire survey about their respective teams. The survey sought information on workforce numbers, types of care activities staff were trained to deliver and whether these skills were being utilised, numbers of staff with specialist practitioner qualifications, participation in clinical supervision, and protected time for training. We received 18 completed surveys from district nursing teams.

Audit activities	Purpose
<p>4. Individual workload diary</p>	<p>We asked all nursing staff working as a part of a district nursing team to keep a seven-day activity diary between 6 April and 12 April 2014. The diary captured the amount of time individual nursing staff spent on direct, indirect and non-patient care activities, the number and location of patient contacts. The diary did not ask staff to record sensitive information.</p> <p>We received 234 completed diaries for the reference week from staff, including bank staff, working across 17 teams. The diaries for one team went missing while in transit within the Health Board. The diary survey captured 96 per cent of the staff scheduled to work during the reference week.</p> <p>Definitions of the various activities undertaken during the diary exercise are outlined in Appendix 2.</p>
<p>5. Health board survey</p>	<p>We asked the Health Board to complete a short questionnaire survey, which sought information about the model of provision for district nursing services, trends in workforce numbers and service expenditure, information on compliance with the appraisal and performance review process and statutory and mandatory training and arrangements for performance management, including aspects of quality and safety.</p>

Appendix 2


Presentation of key findings



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District Nursing Review

Cardiff & Vale University Health Board



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Background

- District nurses are a major provider of healthcare delivered in patients homes.
- The demand for district nursing services is likely to rise.
 - two-thirds of the population of Wales aged 65 or older report having at least one chronic condition, while one-third have multiple chronic conditions; and
 - people are living longer and the number of people aged 65 and over in Cardiff and Vale is forecast to increase by 67% by 2036 with the very elderly i.e. those aged 85 and over increasing by 126%.
- Previous Wales Audit Office work on chronic conditions found that nationally:
 - few health boards had a good understanding of the capacity or capability of their community workforce, making it difficult to target training to shift care towards the community;
 - some health boards had restructured district nursing services to provide the capacity to 'shift' care and provide care coordination; and
 - community services could be better coordinated as many services, including district nursing, provide the same or similar service for the same cohort of patients.
- Delivery of care closer to home requires an appropriately resourced and skilled community workforce that is effectively deployed.
- With increasing demand and continuing financial constraints, health boards need to understand how the district nursing service is used and where it fits in the overall development of community services.

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Audit question

Is the Health Board planning and utilising its district nursing resources effectively as part of its wider approach to delivering care in the community?

- Is there a clear strategy for the district nursing service?
- Are there adequate district nursing resources to meet demand?
- Are district nursing staff effectively deployed?
- Are there effective arrangements to monitor and improve the district nursing service?

District Nursing Review

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Overall conclusion

The Health Board has a clear vision and good structures for district nursing with regular performance monitoring and reporting, although there is limited information on patient experience. Work is ongoing to better match resources to demand although it is unclear whether staff are effectively deployed.

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Sub-conclusions

- 1. Strategy and planning:** There is a clear vision for district nursing, clear lines of accountability and good structures that support the delivery of services.
- 2. Resources to meet demand:** The Health Board has a good understanding of the demand for district nursing services and it is working to align resources to match demand.
- 3. Effective deployment:** It is unclear whether staff are effectively deployed because there is an absence of national guidance on community staffing levels and tools to measure patient dependency.
- 4. Arrangements to monitor and improve services:** Performance is regularly monitored and reported but information on patient experience is limited.

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Strategy and planning

There is a clear vision for district nursing, clear lines of accountability and good structures that support the delivery of services.

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Strategy

- a. The Health Board has a clear vision for its district nursing service, recently aligning its teams to support its locality and neighbourhood approach to community-based care.**
- The integrated medium-term plan sets out the Health Board's locality and neighbourhood approach to support community-based care, of which district nursing is a key component.
 - The integrated medium-term plan is informed by robust information in relation to local population need and likely future demand and the need to manage increasing pressure on district nursing services.
 - The Health Board actively engaged with district nursing staff and other stakeholders over its proposals to align district nursing teams to neighbourhoods with alignment completed in early autumn.

District Nursing Review

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Operational plans

- b. The workforce requirements for the district nursing service were being developed at the time of the audit but overall number of team leaders is likely to reduce following alignment of teams to neighbourhoods.**
- The Health Board's district nursing service specification, published in 2010, clearly sets out the role of the district nursing service and its fit within wider community and nursing services.
 - A review of operational practices and district nursing team structures in 2013 has underpinned the Health Board's proposals for aligning district nursing teams to neighborhoods.
 - At the time of our audit, the Primary, Community and Integrated Care (PCIC) Clinical Board was developing a detailed workforce plan to support delivery of the priorities set out in the integrated medium-term plan.
 - Proposals to align district nursing teams to neighborhoods will see a reduction in the number of senior staff as the Health Board seeks to consolidate the leadership and management skills of senior district nurses.

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Lines of accountability

C. There are clear professional and managerial structures and lines of accountability to support delivery of the district nursing service and these arrangements are working well.

- Management arrangements for district nursing services are consistent across localities with locality lead nurses responsible for monitoring and reviewing service delivery.
- A professional lead for district nursing advises the PCIC Clinical Board.
- There are clear lines of accountability for delivering and monitoring delivery of district nursing services, including quality and safety, at both the locality and PCIC Clinical Board and then to the Executive team.

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Resources to meet demand

The Health Board has a good understanding of the demand for district nursing services and it is working to align resources to match demand.

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Managing demand

a. The Health Board is actively managing demand for district nursing services.

- There are clear referral and exclusion criteria in place.
- The communications hub handles all referrals to the district nursing service, which means inappropriate demand is quickly assessed with targeted support provided to those referring inappropriately.
 - The Health Board is also working to introduce a clinical triage model for the communications hub to ensure service users get the most appropriate service first time and to reduce duplication across both health and social care services.
- There is clarity about what referral information is needed, including capturing information on risks to lone working or home visiting, but this information is not always captured on the electronic system.
- The number of referrals is regularly monitored as part of the locality dashboard.

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Managing demand

Referrals to the district nursing service between 7 and 13 April 2014 (i)

At the time of our audit, 334 referrals were made to the district nursing service. The number received ranged from 3 to 28 per team, an average of 20 referrals per team.

- Demand for district nursing services, measured by the number of referrals, occurs mainly during the week.
 - Nearly all referrals were received on weekdays with very few (3.5%) received at the weekend; none of the referrals were received outside core hours.
- Much of the demand for district nursing care is driven by referrals from GP practices.
 - 44% of referrals were made by GPs compared with 32% from hospital wards, and 15% from patients or their carers.
- Two-thirds (66%) of referrals appear to be for patients known to the district nursing service.
- Three-fifths of referrals (61%) were categorised as curative. Small proportions of referrals were for end of life or palliative care (4%) and continence care (8%), which are similar to the findings in other health boards.

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Managing demand

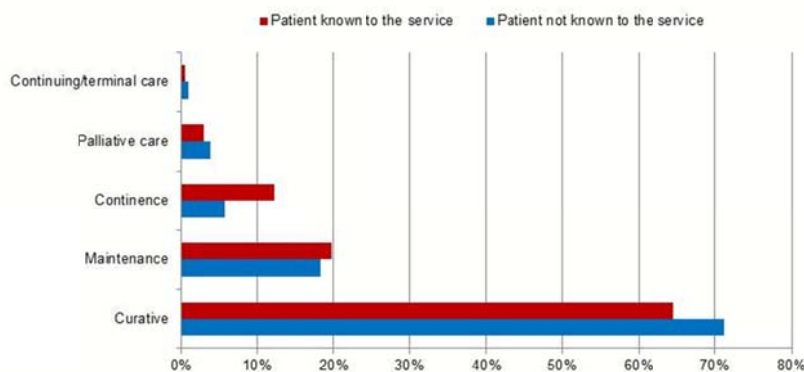
Referrals to the district nursing service between 7th and 13th April 2014 (ii)

- Three-fifths (62%) of patients received ongoing care after the first visit.
 - One-fifth (21%) of referrals received by Cardiff & Vale teams resulted in a one-off visit while for a small proportion (16%) of cases the need for on-going care was still to be decided.
- The Health Board's service specification sets out the information that should be captured at the point of referral but currently this information is not routinely captured on the electronic system.
- The service specification provides guidance for prioritising referrals and how quickly patients should be seen. Our analysis shows that one-quarter (25%) of patients were 'seen' the same day the referral was received while one-third (32%) were seen the following day.



Managing demand

Most referrals are categorised as 'curative', such as wound management.¹



¹ PARIS, the electronic care record system, allows users to choose one of six categories of care that best describes a patient's care needs. In addition to the five categories presented in the chart above, there is a sixth category for 'rehab'/intermediate care. At the time of the audit, no referrals were categorised as 'rehab'/intermediate care.



Available resources

b. The Health Board is reshaping the district nursing service to ensure that it has the right numbers of staff and skills to meet demand.

- The number of district nursing staff available for the population of registered patients compares typically with the Wales average.
 - There are 2.7 WTE district nursing staff per 1000 registered patients aged 65 and over in Cardiff & Vale compared with 2.8 WTE staff for Wales.
 - The Health Board's district nursing teams also provide nursing care for those patients with continuing healthcare needs looked after at home.
- There has been a small increase (4%) in the district nursing workforce since 2009.
- Grade mix has changed over the last five years with big reductions in the number of senior district nursing staff (Band 7), which reflects reductions in the number of district nursing teams over that time. In the meantime, numbers of community staff nurses is increasing.

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Available resources

b. Continued ...

- At the time of our audit, there were marked variations in grade mix across teams both within and between localities.
 - The proportion (63%) of community staff nurses is relatively high in Cardiff & Vale compared with other health boards (58%) while the proportion of healthcare support workers (14%) is lower the Wales average (17%).
 - The Health Board has indicated that the realignment of teams to neighbourhoods means that the proportion of Band 6 & 7 staff is broadly similar across teams while the proportion of Band 5 staff is more varied reflecting local demography.
- Expenditure on pay for permanent district nursing staff shows modest (3%) increases over the last four years. Costs for temporary staffing, which account for a very small proportion of the overall pay bill, increased.
 - The Health Board has indicated that pay costs for temporary staff have increased to cover vacancies, sickness absence and increasing workload.
- At the time of the audit, the vacancy rate for district nursing staff was higher than the Wales average.
 - The vacancy rate at Cardiff and Vale was 8% compared with 5% across Wales; the rate ranged from 2% to 9%.

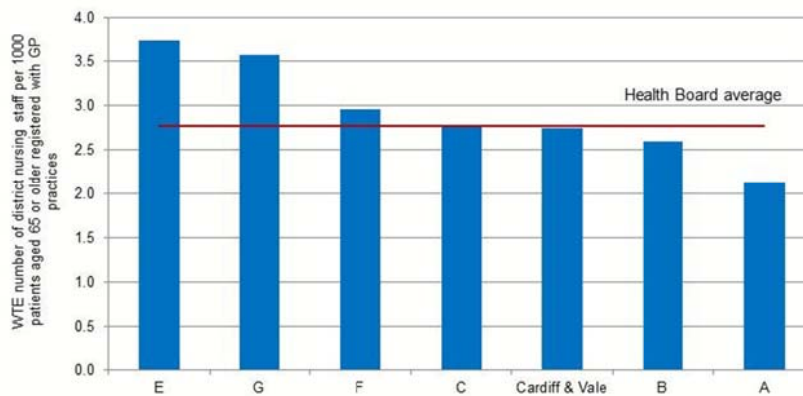
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Available resources

The number of district nursing staff available for registered patients aged 65 and older is at the Wales average.



District Nursing Review

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Available resources

Numbers of senior district nursing staff are reducing while community staff nurses increase.¹

Profile of pay grades	2009	2013	Percentage change
District Nurse – Band 7	36.3	25.0	-31%
District Nurse – Band 6	10.0	10.0	0%
Community staff nurse – Band 6	49.9	32.9	-34%
Community staff nurse – Band 5	82.3	121.4	48%
Healthcare support worker – Band 3	33.6	31.5	-6%
Healthcare support worker – Band 2	5.12	5.6	9%
Cardiff & Vale	217.2	226.4	4%

¹ At the time of our audit, the Health Board was developing its proposals for aligning teams to neighborhoods, which would further reduce the number of district nursing staff on Bands 6 and 7. The Health Board has indicated that the number of staff on these pay grades has reduced.

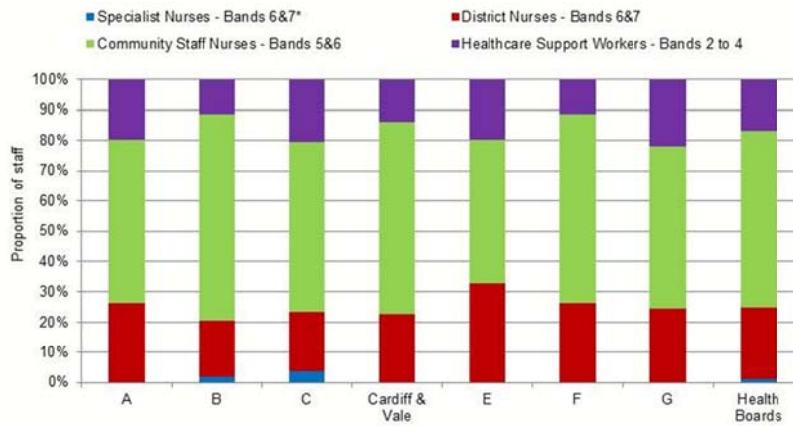
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Available resources

The proportion of community staff nurses is relatively high in Cardiff & Vale compared with other health boards.



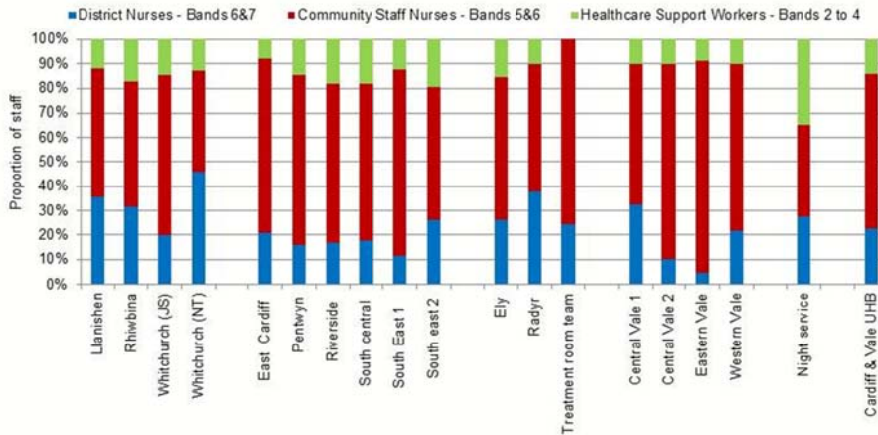
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Available resources

At the time of the audit, there were marked variations in grade mix across teams, both within and between localities.



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Equipping staff with skills to provide services

- c. The Health Board is committed to ensuring staff have the appropriate skills to meet demand but compliance with statutory and mandatory training needs to improve.**
- Training needs and skills deficits are identified annually.
 - Most staff (88 per cent) have had a performance appraisal and development review within the last 12 months and compliance is regularly monitored at both a locality level and the Board.
 - To support increased compliance the district nursing service is moving to an approach where team objectives will be set and appraised with individual development needs identified on a one-to-one basis.
 - The Health Board is working to ensure district nursing staff are appropriately trained to work in the community:
 - Working with local education providers, the Health Board has supported staff to complete a community module linked to a degree course in community clinical practice. The Health Board has indicated that two-thirds of the district nursing workforce have completed this learning module. Consequently, the Health Board has the lowest proportion (22 per cent) of registered nursing staff holding the specialist practitioner qualification in district nursing compared with other health boards.

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Equipping staff with skills to provide services

- c. Continued**
- Compliance with statutory and mandatory training is very poor and presents corporate and operational risks.
 - Infection prevention and control in community settings is one of the PCIC Clinical Board's priorities but compliance with infection prevention and control is currently 8%. The Health Board is reviewing its link nurse system following the recent realignment of teams to ensure a link nurse connects with the infection prevention and control team.
 - Reasons cited for poor compliance included limited access to computers to complete the e-learning modules while in work as well as problems with the e-learning modules once staff are on-line. To address these issues, the Health Board has introduced a one-day facilitated statutory and mandatory training day where staff can access work-based computers and support is available if there are problems with the IT systems.

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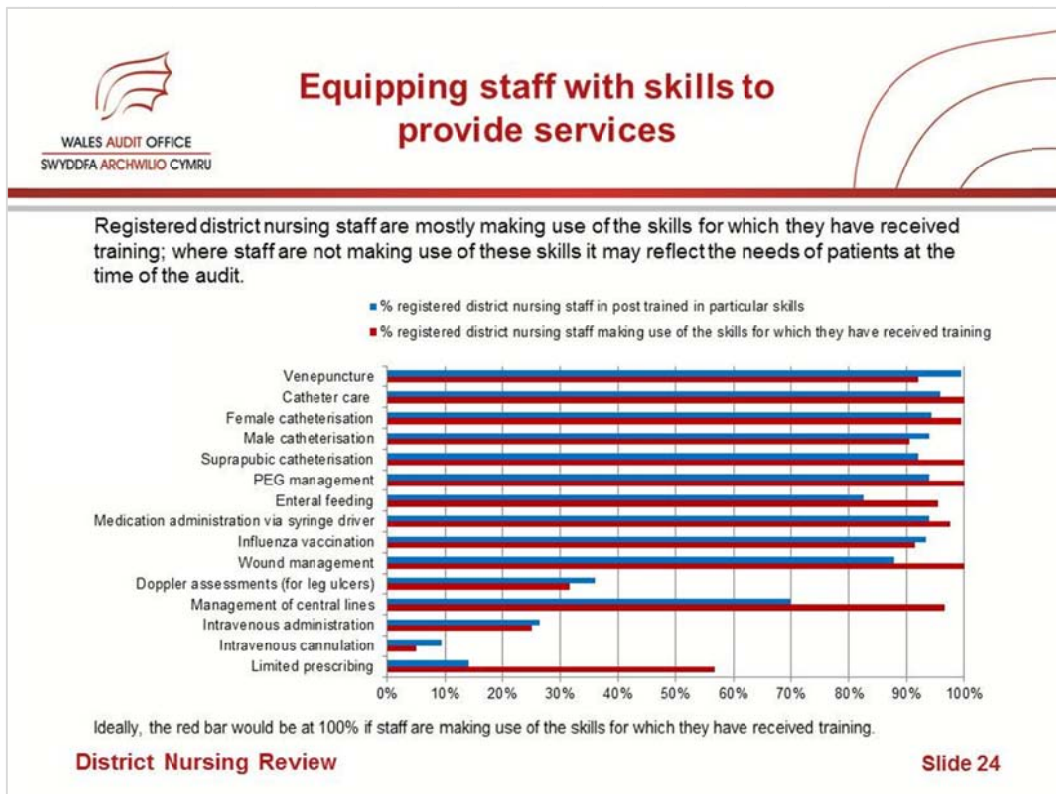
Equipping staff with skills to provide services

c. Continued

- Staff have access to paid protected time for continuing professional development but a few teams reported 'never' having access.
- Typically, from evidence gathered as part of the audit, district nursing staff are making use of the skills for which they have received training.
 - If skills are not being practised, this might reflect the nature of the care needs of patients currently on the caseload.
- The Health Board encourages nursing staff to practice clinical supervision but it is not formally practised. Instead, the introduction of a daily team handover and direct observations of clinical practice provide opportunities to share and reflect on clinical practice, as well as to discuss individual patient needs:
 - Following governance failures in other NHS organisations, the Health Board introduced the concept of 'observations of care' to assess the clinical practice of individual staff working in the community.

District Nursing Review

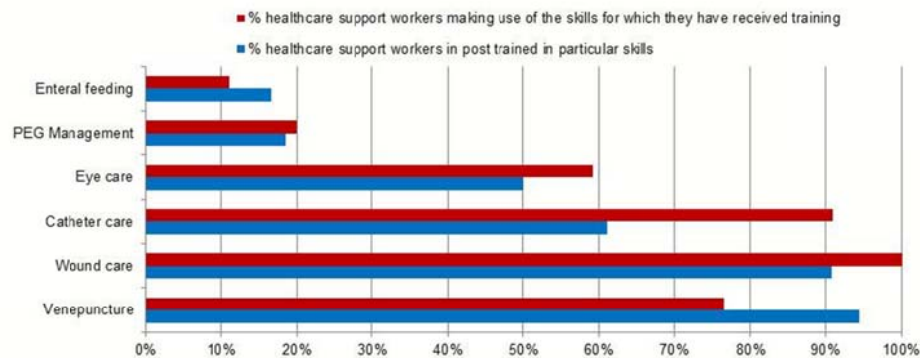
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Equipping staff with skills to provide services

Not all healthcare support workers are making use of the skills for which they have received training with the exception of wound care, which may reflect the needs of patients at the time of the audit.



Ideally, the red bar would be at 100% if staff are making use of the skills for which they have received training.



Effective deployment

It is unclear whether staff are effectively deployed because there is an absence of national guidance on community staffing levels and tools to measure patient dependency.



Effective deployment

- a. There is unexplained variation in the way district nursing teams spend their time and the Health Board is working to increase patient facing time.**
- One objective for aligning teams to neighbourhood networks is to increase patient facing time.
 - The Health Board has indicated that it would like to increase patient facing time to 50%.
 - The audit found that staff spend 42% of their time on direct patient care.
 - The proportion of time spent on direct patient care compares typically with the Wales average.
 - There are big differences in the proportion of time spent on direct patient care and in non-patient related activity between teams.
 - Travel time related to patient visits accounts for under one-fifth (18%) of patient related activity with small variations in the average travel time per patient contact.
 - Across Wales, travel time for patient visits accounted for 18% of patient related activity, ranging from 17% to 22%.
 - The proportion of time that staff spend with patients varies across and within grades, although there does not appear to be a clear rationale for this variation.
 - Time on direct patient care reduced with increasing seniority while time on non-patient activity increases.
 - There are big differences in how team leaders and caseload holders spend their time.
 - The grade mix is generally consistent across the week.

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Effective deployment

- a. There is unexplained variation in the way district nursing teams spend their time and the Health Board is working to increase patient facing time.**
- The Health Board is working to increase patient facing time with the proportion of time staff spend on direct patient care just below the Wales average:
 - The audit found that staff spend 42% of their time on direct patient care. According to the Health Board, this is an increase since last year.
 - One reason for aligning teams to neighbourhood networks is to increase patient facing time, which the Health Board would like to increase to 50%.
 - The proportion of time spent on direct patient care compares typically with the Wales average.
 - There are big differences in the proportion of time spent on direct patient care and in non-patient related activity between teams.
 - Travel time related to patient visits accounts for under one-fifth (18%) of patient related activity with small variations in the average travel time per patient contact.
 - Across Wales, travel time for patient visits accounted for 18% of patient related activity, ranging from 17% to 22%.
 - The Health Board has indicated that travel time has reduced since last year.

District Nursing Review

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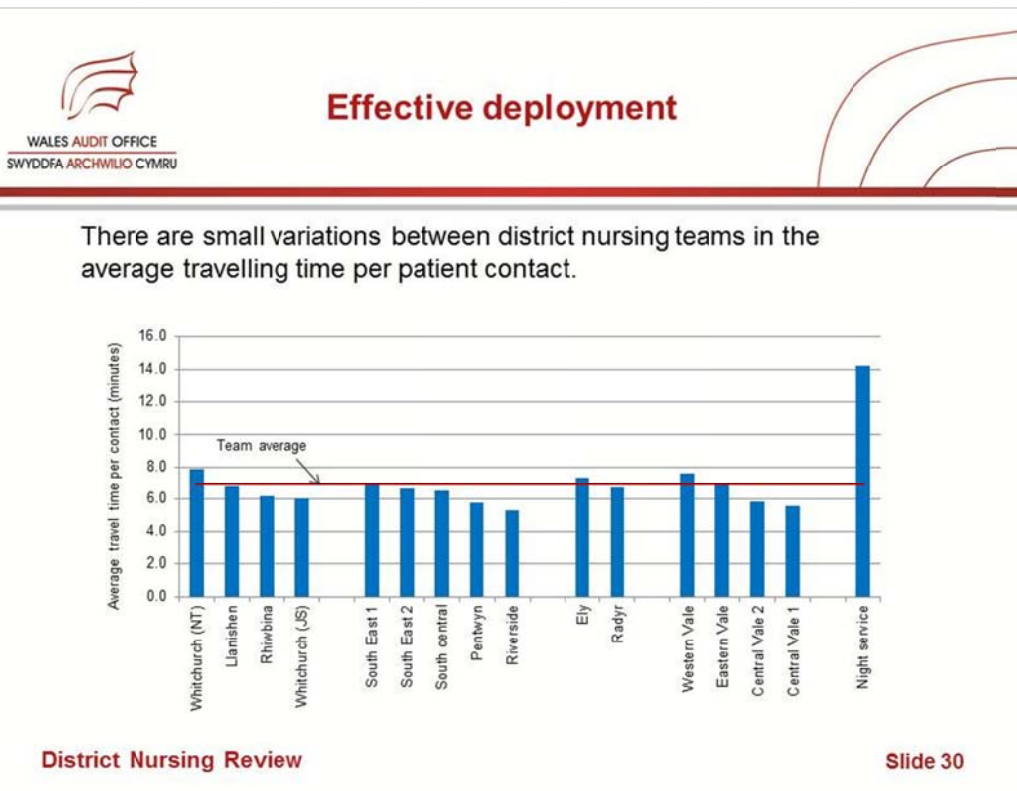
Effective deployment

a. Continued

- The proportion of time that staff spend with patients varies across and within grades, although there does not appear to be a clear rationale for this variation.
 - Time on direct patient care reduced with increasing seniority while time on non-patient activity increases.
 - There are big differences in how team leaders and caseload holders spend their time.
- The grade mix is generally consistent across the week.

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Effective deployment

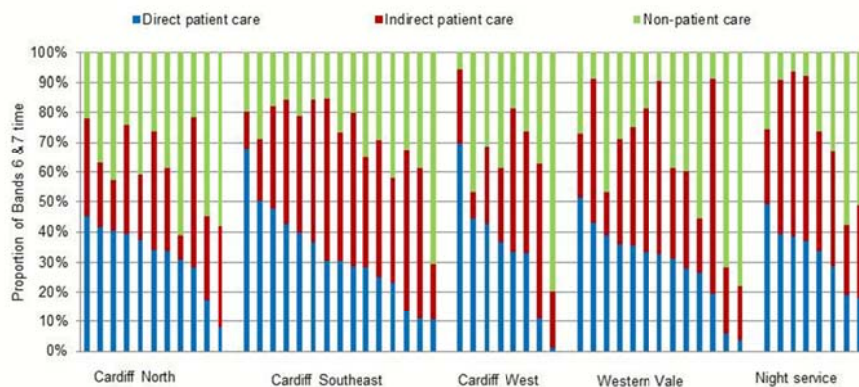
The proportion of time spent with patients reduces with increasing seniority.

Pay bands	Proportion of time spent on:		
	Direct patient care	Indirect patient care	Non-patient care
Bands 2 & 3	48%	31%	21%
Band 5	46%	33%	21%
Band 6	37%	37%	26%
Band 7	19%	32%	49%
Cardiff & Vale	42%	33%	25%



Effective deployment

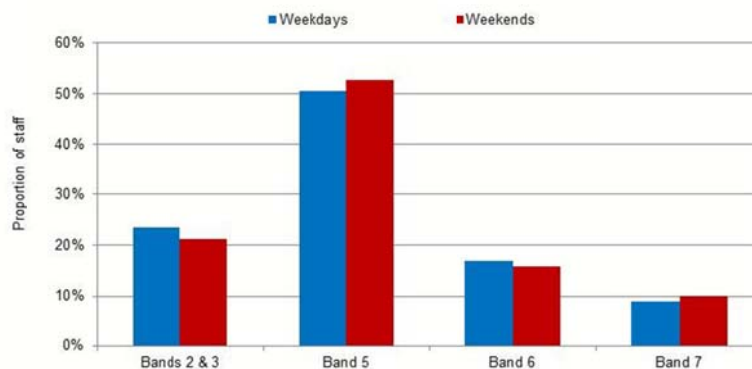
During the audit week, there were big differences in how team leaders and caseload holders spent their time with the proportion of time on direct patient care ranging from 1% to 70%.





Effective deployment

The grade mix of district nursing staff deployed across the week is generally consistent.



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Matching resources to the caseload

b. Staff are unevenly distributed across caseloads and resources may not match the needs of the caseload.

- At the time of the audit, workloads, measured as numbers of patients per district nurse, varied twofold between district nursing teams. It is not clear whether the variation is related to patient dependency but recent changes to team structures may reduce this variation.
- District nursing staff undertook nearly 7,000 patient visits or contacts during the audit week with some variation between teams in relation to the number of patients visited and the time taken to treat them.
 - On average, teams undertook 43 contacts per WTE staff but this ranged from 34 per WTE to 51 per WTE staff while the average length of each contact was 21.9 minutes per team ranging from 18.9 to 28.3 minutes per team.
 - These variations may reflect differences between teams in relation to patient dependency (e.g. complex time intensive care needs), short care interventions or location of care (e.g. clinics with more patients seen).
- Some staff are working in excess of their contracted hours.
 - Nearly half (47%) of the district nursing staff worked in excess of their contracted hours. Staff, excluding bank staff, worked anywhere from a few minutes up to 16 hours in excess of their contracted hours during the audit.
 - The median excess hours worked was 2.5, the equivalent of an additional 6.9 WTE staff.

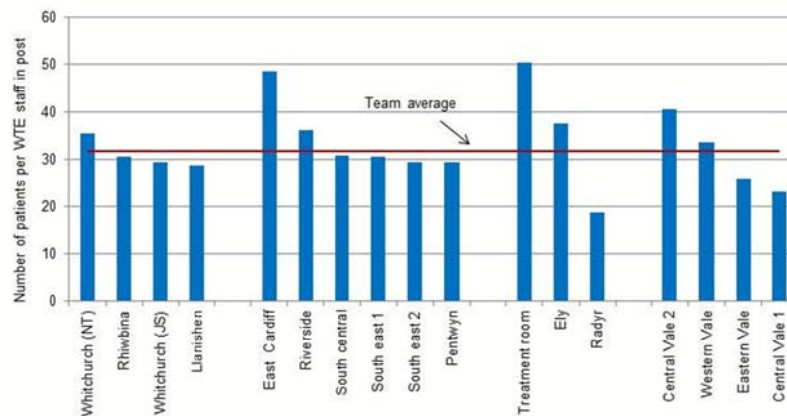
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Matching resources

Workloads measured as numbers of patients per WTE staff varies twofold between district nursing teams.



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Local caseload management

C. Arrangements are in place to support effective caseload management and these appear to be working well.

- Caseloads generally never close but there are clear escalation procedures to manage increased pressure on capacity.
- The number of visits to patients in any one day is potentially unlimited.
- Some teams are caring for patients registered with GP practices outside the Health Board's boundaries but the district nursing service has worked with neighbouring services to agree responsibility for the care of these patients with residual risks recorded on locality risk registers.
- The Health Board has arrangements in place to enable district nursing teams to support GP practices to deliver enhanced services for housebound patients receiving anti-coagulant therapy.
- There is no standardised patient dependency tool in use and the Health Board is awaiting the roll out of a national tool currently in development.
 - However, locality lead nurses are able to use the PARIS system to monitor patient facing time and where necessary redeploy staff to support workload pressures across the service.

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WALES AUDIT OFFICE
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Local caseload management

C. Continued

- Discharges from the caseload are regularly monitored as part of the locality dashboard but a small number of patients remain on the caseload for a long time with some patients receiving infrequent visits.
 - Lead nurses regularly monitor the numbers of patients on the caseload and are confident that 95% of patients have been seen within the last six months. Our audit found that 98% of patients have been seen within the last six months.
- The district nursing service aims to provide care for housebound patients but it is difficult to establish how many patients are truly housebound.

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WALES AUDIT OFFICE
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Local caseload management

Caseload profile (i)

At the time of our audit, there were 6023 'active'¹ patients on the 17 caseloads, including the treatment room team.

- Four-fifths (81%) of patients were aged 65 years and over; 37% are aged 85 or older.
- Only a small proportion (8%) of patients had nursing needs outside core hours.
- Most (91%) patients received a single-handed visit in their own home.
- One-third (32%) of patients had been on the caseload for one year or longer; at other health boards this figure ranged from 27% to 55%.
 - Most of these long-term patients were receiving treatment categorised as maintenance or continence care. The Health Board has indicated that it is putting new arrangements in place for patients with ongoing continence problems or who require catheter care to ensure these patients receive timely care when it is scheduled even if contact with the service is infrequent.
- More than three-quarters (77%) of patients had been visited within the last two months but a very small proportion (3%) were last visited more than a year ago, which raises questions as to why these patients remain on the caseload.
- Most (87%) patients receive care in their own home (including residential care homes) with 4% of patients receiving care in a clinic or health centre.
 - The diary exercise also found that 5% of patient contacts took place by telephone.

¹ These are patients who have had a direct (face-to-face) or indirect (e.g. telephone) contact with the district nursing team in the six months prior to the review and for whom another visit was planned (i.e. PARIS indicated that the care record was still open).

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Local caseload management

Caseload profile (ii)

- It is unclear how many patients are truly 'housebound'.
 - For the purposes of the audit housebound patients were defined as 'those individuals whose medical and/or psychological condition would deteriorate adversely if they left their own home environment.'
 - Data on whether patients were able to attend the practice nurse or treatment room at the point of referral was not systematically captured on the electronic care record.
 - Patients were sometimes not home when the team visits. The dairy exercise found that these 'wasted' journeys accounted for 5% of all patient contacts (ranging from 2% to 10% across the teams). Less than 0.5% of staff time was spent on these wasted journeys but totalled just over 36 hours during the audit. This raises questions about whether some of these patients could be treated appropriately elsewhere, as well as providing time for other patients.
 - The Health Board has indicated that it is working with stakeholders and patients to publicise the need to treat patients in the most appropriate care setting, which may mean treatment in a clinic or GP surgery.
- Many patients were receiving multiple healthcare services in the community.
 - Nearly three-fifths (58%) of patients on the district nursing caseload were or had received care from other community healthcare services, specialist nurses or other healthcare professionals. The most frequently recorded services were: community resource teams, podiatry, mental health services for older people, physiotherapy and occupational therapy.

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Arrangements for monitoring and improving services

Performance is regularly monitored and reported but information on patient experience is limited.

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WALES AUDIT OFFICE
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Monitoring and reporting performance

The Health Board has systems in place to monitor and report on the performance of the district nursing service but information on patient experience is limited.

- Cardiff and Vale is the only health board to regularly report on the performance of its district nursing service with a number of performance indicators included in the monthly locality dashboard.
 - Performance is reviewed by locality management teams and the PCIC Clinical Board.
- The electronic care record system provides information to support planning and monitoring and this information is actively used.
- Mechanisms to capture patient experience or outcomes are currently ad hoc with reliance placed on monitoring complaints and incidents but teams are working to develop a more consistent way to capture feedback. In future, findings from the 'Fundamentals of Care' audit, soon to be rolled out to district nursing services across Wales, will provide some information on patient experience.

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Identifying and sharing good practice

b. The Health Board plays an active role in the development of district nursing services across Wales and is re-invigorating the professional forum now that recent changes to team structures are complete.

- Senior nursing staff actively contribute to the all-Wales forums related to the district nursing service.
- The lead nurses are currently reviewing the professional forum following the recent changes to team structures to ensure appropriate mechanisms are in place to share professional issues and good practice.

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Issues to be addressed

The Health Board needs to address the following:

- take the opportunity to refresh the service specification;
- use the audit findings to ensure staff are deployed as effectively as possible and as a baseline against which to monitor progress towards increasing patient facing time;
- compare workloads between teams now that changes to team structures are complete;
- use the all-Wales dependency tool when available to objectively review whether workforce numbers and skills match the needs of the caseload;
- tackle poor compliance with statutory and mandatory training while also improving corporate systems to collate these data centrally;
- agree mechanisms for getting patient feedback to inform the locality dashboard; and
- consider making some PARIS data fields mandatory.

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Appendix 3

Key to teams and the PARIS identifiers

Area	Team names	PARIS team identifiers
Vale	Eastern Vale	Penarth & DP1
	Central Vale 2	Barry 3
	Central Vale 1	Barry 2
	Western Vale	Western Vale
South & East	East Cardiff	East 5 - Llanrumney
	South east 1	South central 3 - Butetown/Grangetown
	South east 2	South central 2 - Splott
	South central	South Central 5 - Roath
	Riverside	West 3 - Riverside
	Pentwyn	East 1 - Pentwyn
West Cardiff	Ely	West 2 - Park View
	Radyr	West 5 -Radyr
	Treatment room	Treatment room
North Cardiff	Whitchurch (NT)	North 2
	Whitchurch (JS)	North 1
	Rhiwbina	North 4
	Llanishen	North 6
Night service	Health board wide	Out-of-hours service

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