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Auditor General for Wales



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Review of District Nursing Services **Cwm Taf University Health Board**

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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 healthcare 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 Cwm Taf University Health Board (the Health Board), the number of people aged 85 and over is expected to more than double by 2036¹ while there are increasing numbers of older people living with one or more chronic conditions.
3. The Welsh Government's chronic conditions management model², its primary and community care strategies^{3,4} both in 2010 and in 2014, signal the need to rebalance services on a whole system basis and to provide more care in community settings. The Welsh Government's refreshed 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.

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 Welsh Government, *Our plan for a primary care service for Wales up to March 2018*, 2014

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4. Our previous work on chronic conditions⁵ found that:
- few health boards have 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 have restructured district nursing services to provide the capacity needed to 'shift' care into the community and provide care co-ordination; and
 - community services for the most vulnerable patients could be better co-ordinated as many of these services, including district nursing, provide the same or similar care for this cohort of patients.
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 has carried out an all-Wales review of district nursing services based upon the collection of detailed information from all health boards. The review, which was 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 our audit approach.
7. At the time of the audit, the district nursing service⁶ at the Health Board was comprised of 201 whole-time equivalent nursing staff. These staff were organised into 25 teams across four localities to care for approximately 5,300 patients. The service generally operated between 8.30 am and 8.30 pm with the night team providing care across the whole of the Health Board from 8.30 pm until 7:00 am. Between 7:00am and 8:30am, service provision relied on informal arrangements between teams to cover this 'gap'. Since our review, the Health Board has restructured the district nursing service, leading to bigger but fewer teams, reductions in senior district nursing staff and new models of working enabling full provision 24 hours a day, seven days a week.

⁵ Auditor General for Wales, *The Management of Chronic Conditions in Wales – An Update*, March 2014

⁶ District nursing staff work in teams comprised of registered nurses and healthcare support workers. The team leader is a registered nurse holding a specialist practitioner qualification in district nursing and (s)he is typically deployed on pay band 6 or 7. Community staff nurses are registered nurses, who may or may not hold the same specialist practitioner qualification as the team leader. Community staff nurses are deployed on pay band 5 or 6. Healthcare support workers are deployed on pay bands 2, 3 or 4 depending on skills and qualifications. Throughout the report, the term 'district nursing staff' is used to cover all registered nursing staff and healthcare support workers deployed within the district nursing service. Specific references to 'district nurse' are made in relation to staff acting as team leaders/caseload holders.

Our main findings

8. The main conclusion from the review is while there is a high-level vision for the district nursing service, further work is required to strengthen service planning and performance monitoring, and to improve understanding of demand and deployment.
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 given to the locality leads and locality heads of nursing on 19 December 2014. The datasets underpinning the audit findings will be shared with the Health Board.

Part 1 – The district nursing service is integral to the Health Board’s vision for primary and community services with clear lines of accountability within localities, but detailed workforce requirements have yet to be identified

The Health Board has a clear vision for shifting services into the community and district nursing is an integral part of this vision:

- the Health Board’s integrated medium-term plan sets out the vision to deliver more services in primary and community based settings and reducing the need for hospital inpatient care wherever possible;
- in developing its integrated medium-term plan, the Health Board engaged an external company to review a number of services, including district nursing, to look for opportunities to improve quality and efficiency needed to deliver the plan;
- to support the implementation of the integrated medium-term plan, the community division is developing a strategic vision for primary and community health services with district nursing an integral part of this vision; and
- the Health Board actively engaged with district nursing staff and other stakeholders over proposals to reduce the number of teams and to align teams to GP clusters while retaining links with individual GP practices.

A detailed workforce plan for the district nursing service has yet to be developed to underpin the Health Board’s vision for primary and community services:

- The 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; it will need updating to support the strategic vision for primary and community health services.
- The external review of operational practices and structures in 2013 underpinned the Health Board’s plan to restructure district nursing teams and formalised models of working to close the 1.5-hour gap in service provision.
- A detailed workforce plan to support the Health Board’s vision to move services into the community is yet to be developed but the recent team restructure will see reductions in the number of teams and senior district nursing staff, as the Health Board seeks to consolidate the leadership and management skills of these senior staff.

Part 1 – The district nursing service is integral to the Health Board’s vision for primary and community services with clear lines of accountability within localities, but detailed workforce requirements have yet to be identified

The locality structure provides clear managerial and professional lines of accountability:

- managerial lines of accountability are clear within localities, with professional and clinical leadership in place to support staff;
- regular management and locality meetings improve communication, aid accountability and provide a supportive environment for team leaders; and
- the recent restructure of district nursing teams provides an opportunity to agree the new team leader model to support consistent leadership and management locally.

Part 2 – The district nursing service is well resourced but there is limited understanding of demand for the service and inappropriate demand needs to be better managed

There is limited understanding of demand for district nursing services:

- there are no systems in place to collect, in a consistent way, information on the number and nature of referrals while referral criteria are out of date and not actively used;
- information systems do not support systematic reviews of caseloads with previous caseload reviews relying on manual systems, which are labour intensive; and
- in common with other health boards in Wales, there are no standardised patient dependency and complexity tools currently in use, but the Health Board is helping to develop and test an all-Wales tool to measure the complexity of patient care needs.

Demand for district nursing services needs to be better managed:

- a standardised referral form is available but used infrequently, which limits the service’s ability to monitor demand;
- a substantial proportion of referrals to the district nursing service are considered inappropriate despite clear referral criteria;
- inappropriate referrals are not always redirected with a small number of inappropriate referrals resulting in ongoing care after the first visit; and
- referral information is generally considered adequate but there are gaps in basic information.

The district nursing service is currently well resourced in terms of numbers and grade mix of staff compared with other health boards in Wales:

- Staffing levels are based on historical allocations but subject to annual review.
- The number of community nursing staff available for the population of registered patients is the highest in Wales.
- The number of district nursing staff is relatively unchanged since 2009.
- Grade mix has changed over the last five years with reductions in the number of senior district nursing staff and numbers of community staff nurses increasing.
- At the time of the audit, the vacancy rate for district nursing staff was lower than the Wales average.
- There have been modest increases in pay costs for permanent district nursing staff over the last four years; pay costs for temporary staffing account for a very small proportion of the overall pay bill but these temporary staff costs reduced significantly over the same period.

Part 2 – The district nursing service is well resourced but there is limited understanding of demand for the service and inappropriate demand needs to be better managed

The Health Board is committed to ensuring that staff have access to training with staff utilising skills for which they have received training but compliance with statutory and mandatory training is poor:

- the Health Board carries out annual training needs analysis and audits but not all staff receive an appraisal and review of their development plan;
- compliance with statutory and mandatory training is poor;
- district nursing staff have access to paid protected time for continuing professional development;
- the Health Board encourages clinical supervision, which it sees as integral to team performance, and, as part of the new team leader model, plans to develop a formal framework;
- typically, from the evidence gathered during the audit, district nursing staff are making use of the skills for which they have received training; and
- the proportion of district nursing staff holding a specialist practitioner qualification is one of the highest in Wales.

Part 3 – The unexplained variation in the deployment and distribution of resources means that the Health Board cannot take assurance that its district nursing staff are effectively deployed

There is unexplained variation in the way district nursing teams are deployed, which the Health Board is beginning to address:

- the proportion of time spent on direct patient care is one of the lowest in Wales with time spent on non-patient activity one of the highest;
- there are big variations across teams in the proportion of time spent with patients and in non-patient-related activities, both within and between localities and across and within grades, which the Health Board is working to address;
- overall, travel time accounts for less than a fifth of the time spent on patient-related activity while average travel time per patient contact varies across teams both within and between localities; and
- the grade mix of staff deployed across the week appears cost effective with band 7 staff deployed on weekdays only.

Staff are unevenly distributed across caseloads with unexplained variation between teams in relation to the number of patients visited and too many staff worked in excess of their contracted hours:

- workload, measured as numbers of patients per district nursing staff, varies across teams both within and between localities;
- district nursing staff undertook more than 6,700 patient visits or contacts during the audit week but there was lots of unexplained variation between teams in relation to the number of patients visited and the time taken to treat them; and
- just under half of the district nursing staff worked in excess of their contracted hours.

Part 3 – The unexplained variation in the deployment and distribution of resources means that the Health Board cannot take assurance that its district nursing staff are effectively deployed

The Health Board is working to strengthen arrangements and systems to support caseload management:

- current systems do not provide team leaders with an overview of their caseload to ensure patients are discharged as planned or in a timely way;
- caseloads generally never close but stretch to absorb new patients;
- the number of visits to patients is usually limited to four visits over a 24-hour period but nearly half the teams reported that the numbers of visits 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;
- some patients remain on the caseload for a long time and some of these patients receive only annual visits; and
- most patients are cared for in their own home but not all patients are housebound.

Many patients are receiving multiple healthcare services in the community with district nursing teams co-ordinating or case managing the majority of this care.

Part 4 – The Health Board takes an active role in all-Wales district nursing fora, but arrangements for monitoring district nursing services at a corporate level are underdeveloped

The Health Board has basic arrangements in place to monitor district nursing services but recognises there are no specific indicators for performance or quality and safety and is working to address this need:

- performance measures or indicators have yet to be agreed in relation to the quality and safety of the district nursing service;
- mechanisms to capture and report patient experience or patient outcomes are currently underdeveloped with reliance placed on monitoring complaints and incidents; and
- there is no evidence that the performance of the district nursing service and its contribution to improving patient outcomes or shifting care from acute to community settings is discussed by the Board or its committees.

The Health Board plays an active role in the development of district nursing services nationally while team leaders meet regularly to share information:

- senior nursing staff actively contribute to the all-Wales forums related to the district nursing service with information shared via the monthly team leader meetings;
- team leaders meet monthly where lessons from complaints and incidents are shared and these meetings provide opportunities to share good practice and discuss issues collaboratively; and
- team meetings are a mechanism for sharing and have been crucial to the success of the recent service redesign by fostering engagement and understanding of the need for change amongst team members.

Recommendations

Strategy and planning

- R1 The district nursing specification is now five years old. The Health Board should:
- update the specification to reflect its strategic vision for primary and community services and recent changes to the team structures; and
 - use the opportunity to 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.

Managing demand

- R2 The way in which information on referrals is captured and recorded is inconsistent, which limits understanding of demand, and current information systems do not support effective caseload management. The Health Board should develop fit-for-purpose systems to capture information consistently on the number and nature of referrals, as well as information on individual caseloads, to support patient management and monitoring and reporting.

- R3 Not all referrals to the district nursing service are appropriate and the quality of referral information is sometimes poor. The Health Board should:
- use the referral criteria it has drafted and communicate these to referrers;
 - develop a clear checklist of information required from referrers to support the new Integrated Assessment documentation; and
 - regularly audit compliance with the criteria and checklist of information and target those who refer inappropriately or provide poor information.

Effective deployment

- R4 There were big differences in how district nursing staff spent their time. To support effective deployment of its district nursing resource, the Health Board should:
- seek to understand why some grades of staff spend less time on direct patient care;
 - examine the variation in non-patient activity and consider whether there are opportunities to free up time for direct patient care;
 - agree appropriate thresholds against which to monitor the time spent on direct patient care and 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; and
 - assess the impact on patient care of closing the 1.5-hour gap in service provision.

Matching resources to the caseload

- R5 Workload varies between teams. The Health Board should:
- compare team workloads to see if variation has reduced now that changes to team structures are complete; and
 - use the all-Wales dependency tool when it becomes available to review whether workforce numbers and skills match the needs of the caseload.

Monitoring and improving services

- R6 There is limited information about the overall performance of the district nursing service. The Health Board should:
- agree performance measures, including information on activity, the quality and safety of the service, such as compliance with appraisals and statutory and mandatory training, service user experience, patient outcomes, service costs and the contribution of district nursing in shifting care from acute to community settings; and
 - develop and agree a comprehensive approach to reporting these measures to the Board or its committees at least bi-annually.

- R7 Not all staff received an appraisal and review of their development plan in the last 12 months and compliance with statutory and mandatory training is poor. The Health Board should:
- seek to understand the barriers preventing compliance with both the appraisal process and statutory and mandatory training, and put in place appropriate solutions to overcome them;
 - 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 about their responsibility in maintaining compliance with statutory and mandatory training; and
 - consider whether compliance with the appraisal process and statutory and mandatory training should inform performance-monitoring arrangements.

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 strategy 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, described in the table below, was conducted in successive weeks to minimise the impact of one activity upon another.

Audit activities	Purpose
1. 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 26 completed surveys.
2. Individual workload diary	We asked all nursing staff, working as a part of a district nursing team at the time of the audit, to keep a seven-day activity diary between 31 March and 6 April 2014. The diary captured the amount of time individual nursing staff spent on different types of activity, the number and location of patient contacts. We received 221 completed diaries for the reference week from staff working as members of staff for the district nursing service.
3. Prospective survey of referrals to the service	We asked district nursing teams to complete a short questionnaire survey about each referral the team received between 7 April and 13 April 2014. The survey sought information on the number and nature of the referrals made to district nursing services, including, the quality of the referral information and the perceived appropriateness of referrals received by the district nursing teams. Each team completed a questionnaire survey for each new referral received that resulted in a face-to-face visit or a telephone call. We received 237 completed surveys. However, teams told us that they did not capture all new referrals. We have used the survey findings to highlight a number of issues with the referral process.

Audit activities	Purpose
	<p>Information subsequently provided by the Health Board shows that the survey findings underestimate the true demand with just under half the referrals received captured by our survey. Furthermore, comparing the data on referrals during the reference week with the weekly average for the preceding year suggests that demand has trebled in one year.</p>
<p>4. Caseload survey</p>	<p>Team leaders were asked to complete a survey questionnaire about each 'active' patient, that is, any patient for whom the district nursing team had visited, or had been in contact with, during the previous six months and for whom another visit was planned. Team leaders could undertake the review anytime between 14 April and 11 May 2014. We sought information about the composition of the caseload, in particular the following factors:</p> <ul style="list-style-type: none"> • age and gender; • whether the patient is considered housebound; • types of care interventions; • frequency of visits; • length of time on the caseload; • whether nursing care is needed out of hours; and • whether the patient receives care or support from other community healthcare services, specialist nurses, social services and unpaid carers. <p>We received 5,347 completed surveys.</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>
<p>6. Workshops with team leaders and managers</p>	<p>We shared the findings from the data collection exercises with team leaders at a feedback workshop held in mid-July. This workshop provided an opportunity for team leaders to comment on the validity of the findings.</p>
<p>7. Workshop with senior nurse management team and executive directors</p>	<p>We met with senior managers at the end of December to share our initial conclusions based on the audit findings and the executive Director of Nursing in January.</p>

Appendix 2

Presentation of key findings

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Auditor General for Wales



District Nursing Review

Cwm Taf University Health Board

Background

- District nursing staff 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 Cwm Taf is forecast to increase by 49 per cent by 2036 with the very elderly ie, those aged 85 and over increasing by 137 per cent.
- 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 co-ordination; 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.

District Nursing Review

Slide 2

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

Slide 3

Overall conclusion

While there is a high-level vision for the district nursing service, further work is required to strengthen service planning and performance monitoring, and to improve understanding of demand and deployment.

District Nursing Review

Slide 4

Sub-conclusions



- 1. Strategy and planning:** The district nursing service is integral to the Health Board's vision for primary and community services with clear lines of accountability within localities, but detailed workforce requirements have yet to be identified.
- 2. Resources to meet demand:** The district nursing service is well resourced but there is limited understanding of demand for the service and inappropriate demand needs to be better managed.
- 3. Effective deployment:** The unexplained variation in the deployment and distribution of resources means that the Health Board cannot take assurance that its district nursing staff are effectively deployed.
- 4. Arrangements to monitor and improve services:** The Health Board takes an active role in all-Wales district nursing fora, but arrangements for monitoring district nursing services at a corporate level are underdeveloped.

District Nursing Review

Slide 5

Strategy and planning



The district nursing service is integral to the Health Board's vision for primary and community services with clear lines of accountability within localities, but detailed workforce requirements have yet to be identified.

District Nursing Review

Slide 6

Strategy



a. The Health Board has a clear vision for shifting services into the community and district nursing is an integral part of this vision.

- the Health Board's integrated medium-term plan sets out the vision to deliver more services in primary and community-based settings and reducing the need for hospital inpatient care wherever possible;
- in developing its integrated medium-term plan, the Health Board engaged an external company to review a number of services, including district nursing, to look for opportunities to improve quality and efficiency needed to deliver the plan;
- to support the implementation of the integrated medium-term plan, the community division is developing a strategic vision for primary and community health services with district nursing an integral part of this vision; and
- the Health Board actively engaged with district nursing staff and other stakeholders over proposals to reduce the number of teams and to align teams to GP clusters while retaining links with individual GP practices.

District Nursing Review

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Operational plans



b. A detailed workforce plan for the district nursing service has yet to be developed to underpin the Health Board's vision for primary and community services.

- The 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; it will need updating to support the strategic vision for primary and community health services.
- The external review of operational practices and structures in 2013 underpinned the Health Board's plans to restructure district nursing teams and formalised models of working to close the 1.5 hour gap in service provision.
- A detailed workforce plan to support the Health Board's vision to move services into the community is yet to be developed but the recent team restructure will see reductions in the number of teams and senior district nursing staff, as the Health Board seeks to consolidate the leadership and management skills of these staff:
 - the Health Board has indicated that the larger teams are improving the range of skills available in each team.

District Nursing Review

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Lines of accountability



C. The locality structure provides clear managerial and professional lines of accountability.

- managerial lines of accountability are clear within localities, with professional and clinical leadership in place to support staff;
- regular management and locality meetings improve communication, aid accountability and provide a supportive environment for team leaders; and
- the recent restructure of district nursing teams provides an opportunity to agree the new team leader model to support consistent leadership and management locally.

District Nursing Review

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Resources to meet demand



The district nursing service is well resourced but there is limited understanding of demand for the service and inappropriate demand needs to be better managed.

District Nursing Review

Slide 10

Understanding demand



a. There is limited understanding of demand for district nursing services.

- There are no systems in place to collect, in a consistent way, information on the number and nature of referrals while referral criteria are out of date and not actively used:
 - the rising demand for the service and its ability to meet it has been highlighted on the local risk register.
- Information systems do not support systematic reviews of caseloads, with previous caseload reviews relying on manual systems, which are labour intensive:
 - the proposed all-Wales community care information system currently out to tender should go some way to addressing the gap in information.
- In common with other health boards in Wales, there are no standardised patient dependency and complexity tools currently in use, but the Health Board is helping to develop and test an all-Wales tool to measure the complexity of patient care needs.

District Nursing Review

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Understanding demand



Findings from the district nursing caseload survey (i):

- At the time of our audit, there were just over 5,290 'active'¹ patients on the 25 caseloads:
 - 84 per cent were aged 65 years and over; 36 per cent were aged 85 years or over;
 - 29 per cent received a weekly or more frequent visit; 28 per cent received monthly visits, 21 per cent 2 to 3 monthly visits, 11 per cent received four to six monthly visits and five per cent received an annual visit;
 - four per cent had nursing needs outside core hours;
 - 96 per cent patients received a single-handed visit in their own home;
 - 61 per cent received support from an unpaid carer;
 - 67 per cent considered to be 'housebound'² but this varied between teams from 24 per cent to 93 per cent; and
 - 40 per cent have been on the caseload for more than two years but this proportion is much higher in the Cynon locality (50 per cent).

¹ These are patients who have been visited by the core (ie, daytime) district nursing teams in the six months prior to the review and for whom another visit was planned.

² Housebound is defined as individuals whose medical and/or psychological condition would deteriorate adversely if they left their own home environment for care or treatment.

District Nursing Review

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Understanding demand

Findings from the district nursing caseload survey (ii):

District nursing staff can provide single or multiple care interventions for the patients on the caseload.

Most frequently cited care interventions ¹	Percentage (%) of patients on the caseload
Venepuncture	30
Pressure sores	16
Continence	12
Wound care	9
Administering subcutaneous medications	7
Leg ulcers	6
Heart failure	4
Diabetes	4
Acute illness	2
End of life	1
Other e.g. administering medications, continuing healthcare needs, blood pressure monitoring, care for chronic conditions other than those listed above	10

¹Team leaders were asked to indicate what package of care or care intervention, from a list of 17, best described the care patients received. Each package of care was assumed to include assessment and treatment, palliation and symptom control, health promotion, patient/carer education and monitoring. One-third of patients received one care intervention, one-third received two care interventions and one-third received three or more care interventions.

District Nursing Review

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Managing demand

b. Demand for district nursing services needs to be better managed.

- A standardised referral form is available but used infrequently, which limits the service's ability to monitor demand:
 - information on referrals is captured in ad hoc ways, such as using 'post-it' notes.
- A substantial proportion of referrals to the district nursing service are considered inappropriate despite clear referral criteria.
- Inappropriate referrals are not always redirected, with a small number of inappropriate referrals resulting in ongoing care after the first visit.
- Referral information is generally considered adequate but there are gaps in basic information:
 - some localities appear more accepting than others about the adequacy of the information; and
 - several team leaders told us that they have worked hard to influence GP practices to use the referral forms, which is improving the quality of the information.

District Nursing Review

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Managing demand



Findings from the referral survey (i):

We collected information about 237 referrals received during the reference week with the number of referrals received ranging from one to 41 per team. However, teams told us not all referrals were captured. Information subsequently provided by the Health Board shows that the survey findings underestimate the true demand with just under half the referrals received captured by the audit. Furthermore, comparing the data on referrals during the reference week with the weekly average for the preceding year suggests that demand has trebled in one year. Base on the surveys returned:

- Demand for district nursing services, measured by the number of referrals, occurs mainly during the week:
 - nearly all referrals were received on weekdays during core hours with few (six per cent) received at the weekend; and
 - referrals peak on Tuesdays and Fridays but the pattern varies across localities.
- Much of the demand (45 per cent) for district nursing care was driven by referrals from GP practices with a third (30 per cent) of referrals received from hospital ward staff but there was significant variation between localities:
 - teams perceive that many patients are referred because referrers know the service will 'sort out' the patient.

District Nursing Review

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Managing demand



Findings from the referral survey (ii):

- Just over two-fifths (44 per cent) of referrals were for patients already known to district nursing staff.
- Two-thirds (63 per cent) of referrals were for wound care and venepuncture with 10 per cent of referrals for administering medications. There were some small differences when comparing reasons for referral between those patients known to the service ie, 'old' patients and those not known to the service ie, 'new' patients:
 - A higher proportion of referrals for venepuncture were for old patients while a higher proportion of referrals for wound care were for new patients.
 - Teams told us that patients were often advised by their GP practice to contact the 'district nurse' to request a blood test. The service specification sets out that the service will support INR management in liaison with GP practices.
- Four-fifths (81 per cent) of referrals were perceived to be appropriate; one-fifth of referrals were considered inappropriate 'because care should or could have been provided by another nursing professional' or no nursing care was needed:
 - there were big variations between localities in perceptions of appropriateness (ranging from 53 per cent to 97 per cent); and
 - a small number of referrals perceived to be inappropriate still resulted in ongoing care after the first visit (nine of the 46 inappropriate referrals).

District Nursing Review

Slide 16

Managing demand

Findings from the referral survey (iii):

- Just over half (56 per cent) of the referrals resulted in ongoing care after the first visit:
 - a substantial proportion (20 per cent) of referrals resulted in a one-off visit; in just under a quarter (23 per cent) of cases the need for ongoing care was yet to be decided.
- Just over half (56 per cent) of referrals were considered to provide adequate information but basic information was missing:
 - Across localities, the proportion of referrals considered to provide adequate information ranged from 37 per cent to 81 per cent.
 - The quality of the information may be hindered because only a fifth (21 per cent) of referrals are in a written format.
 - Feedback from team leaders suggests that even where referrals are managed via the Communications Hub (the Hub), the quality of the referral information is sometimes inadequate. In the Cynon locality all referrals received via the Hub are automatically followed up with a phone call.
- Patients were seen quickly with 33 per cent 'seen' the same day the referral was received and 36 per cent seen the next day.

District Nursing Review

Slide 17

Managing demand

Most referrals are made by GPs and their staff but this varies between localities.

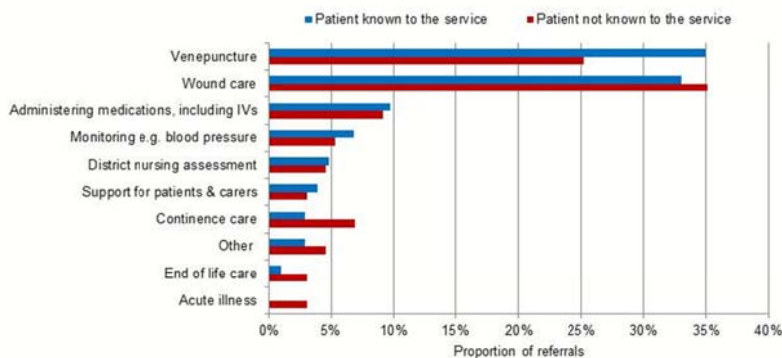
Percentage (%) of referrals received from:	Locality				Cwm Taf
	Cynon	Merthyr	Rhondda	Taff Ely	
GP practice	39	56	37	45	45
Hospital ward staff	27	26	41	28	30
Carer (eg, family)	16	6	9	12	11
Self-referral	14	8	2	5	7
Other	2	3	9	8	5
Social services	2	2	2	1	2
A&E	0	0	0	1	1

District Nursing Review

Slide 18

Managing demand

Nearly three-quarters of referrals are for wound care, venepuncture and administering medication, and broadly reflect the caseload profile.



District Nursing Review

Slide 19

Managing demand

Basic referral information is missing.

Percentage (%) of referrals that included information on:	
the urgency of the referral?	79
the medical history or diagnosis?	62
whether equipment or dressings would be required?	53
whether the patient lives alone?	36
how you would gain access to the patient's home?	29
whether the patient has a carer?	26
whether other health professionals are involved in the patient's care?	23
whether social services are involved in the patient's care?	17
whether voluntary services are involved in the patient's care?	10

District Nursing Review

Slide 20

Available resources



C. The district nursing service is currently well resourced in terms of numbers and grade mix of staff compared with other Health Boards in Wales.

- Staffing levels are based on historical allocations but are subject to annual review:
 - when vacancies arise, senior nurses in discussion with team leaders have the flexibility to decide whether to recruit 'like for like' or to change the grade mix provided funding is available.
- The number of community nursing staff available for the population of registered patients is the highest in Wales:
 - there are 3.7 WTE district nursing staff per 1,000 registered patients aged 65 and over in Cwm Taf compared with 2.8 WTE staff across Wales.
- The number of district nursing staff is relatively unchanged since 2009.

District Nursing Review

Slide 21

Available resources



C. continued...

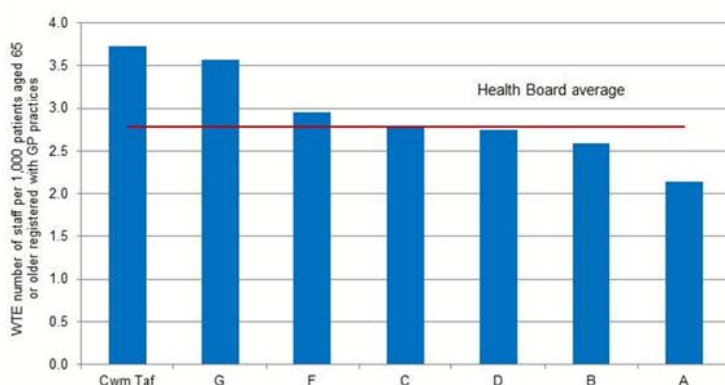
- Grade mix has changed over the last five years with reductions in the number of senior district nursing staff (Bands 6 and 7) and numbers of community staff nurses increasing:
 - Recent changes to the team structures will see further reductions in senior staff by as much as 40 per cent.
 - Traditionally, the ratio of registered to unregistered nursing staff has been 80:20. Healthcare support workers currently make up 19 per cent of the workforce but this varies across teams both within and between localities.
- At the time of the audit, the vacancy rate for district nursing staff was lower than the Wales average.
- There have been modest increases in pay costs for permanent district nursing staff over the last four years; pay costs for temporary staffing account for a very small proportion of the overall pay bill but these temporary staff costs reduced significantly over the same period.

District Nursing Review

Slide 22

Available resources

The number of district nursing staff available for the population of registered patients aged 65 and older is the highest in Wales.



District Nursing Review

Slide 23

Available resources – workforce table trends

Although the number of district nursing staff is relatively unchanged, the grade-mix has changed with reductions in district nurses and increases in community staff nurses and healthcare support workers.

Pay band	Whole-time equivalent number of staff in post		Percentage change (%)
	2009 ¹	2013	
Band 7 – District nurse ²	30.0	25.0	-17
Band 6 – District nurse	49.1	44.8	-9
Band 6 – Community staff nurse	3	3	0
Band 5 – Community staff nurse	76.9	84.6	10
Band 3 – HCSW	20.2	23.8	18
Band 2 – HCSW	6.9	6.5	-6
Totals	186.1	187.7	1

¹ These are the whole-time equivalent numbers of staff in post on 1 October 2009 and at 30 September 2013.

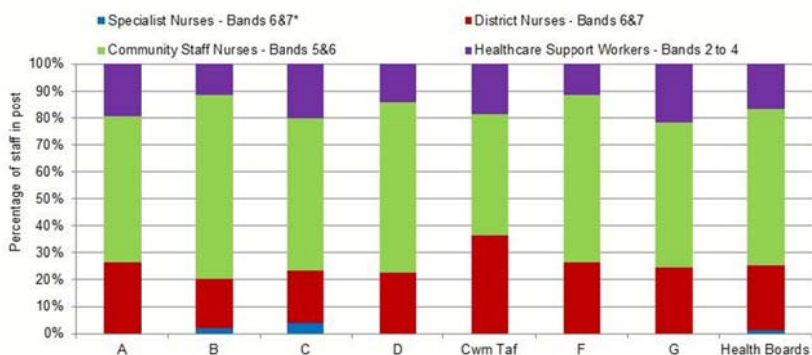
² Since the audit was completed, district nursing teams have been restructured and the Health Board has indicated that the number of staff on Bands 6 and 7 will have reduced further.

District Nursing Review

Slide 24

Available resources

The proportion of Band 6 and 7 District Nurses is the highest in Wales with more than one-third of the district nursing workforce on Bands 6 and 7.¹



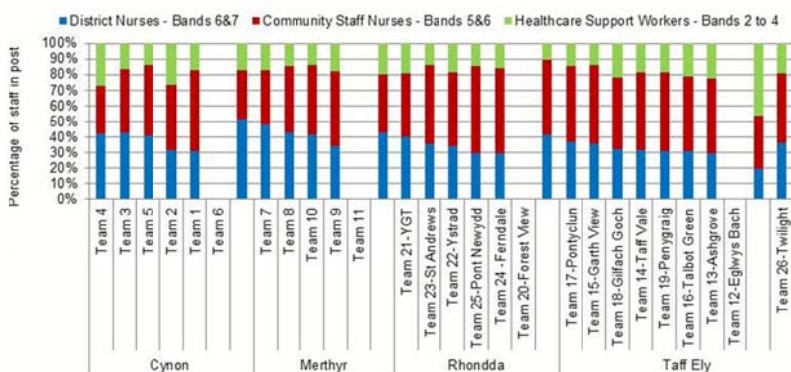
¹ Since the audit was completed, district nursing teams have been restructured and the Health Board has indicated that the number of staff on Bands 6 and 7 will have reduced further.

District Nursing Review

Slide 25

Available resources

Grade-mix varies across district nursing teams¹ both within and between localities.



¹ Since our review, the number of teams has reduced from 26 to 17 with changes in the grade-mix between teams.

District Nursing Review

Slide 26

Equipping staff with skills to provide services

d. The Health Board is committed to ensuring that staff have access to training, and staff utilise skills for which they have received training, but compliance with statutory and mandatory training is poor.

- Annual training needs analysis and audits are carried out by the Health Board but not all staff receive an appraisal and review of their development plan:
 - All staff should receive an annual appraisal and review of their development needs with senior nurses accountable for ensuring compliance with the process. However, compliance is only 75 per cent.
- Compliance with statutory and mandatory training is poor:
 - rates of compliance are low, with resuscitation at 71 per cent but many other areas even lower, such as 13 per cent compliance for safeguarding adults, 0 per cent compliance for information governance, or simply unknown as for equality, diversity and human rights; and
 - staff told us that accessing statutory and mandatory training is sometimes problematic because they cannot be released to attend as there is no cover while they are away.
- District nursing staff have access to paid protected time for continuing professional development:
 - two teams reported never having access to paid protected time;
 - the Health Board has practice facilitators, funded partly by the Health Board and the university, which district nursing teams can access regularly to support practice and skills development; and
 - there are 10 clinical practice teachers and two professional support leads for pre and post-registration nursing students.

District Nursing Review

Slide 27

Equipping staff with skills to provide services

d. Continued...

- The Health Board encourages clinical supervision, which it sees as integral to team performance, and, as part of the new team leader model, plans to develop a formal framework:
 - currently there is informal peer-to-peer supervision in place; and
 - the Health Board has plans to develop more formal observation and supervision visits to assess the clinical practice of individual staff working in the community.
- Typically, from the evidence gathered during the audit, district nursing staff are making use of the skills for which they have received training.
- The proportion of district nursing staff holding a specialist practitioner qualification (SPQ) is one of the highest in Wales:
 - across Wales, just over a quarter (27 per cent) of registered district nursing staff hold a SPQ compared with a third (32 per cent) of staff at Cwm Taf; and
 - a small proportion (five per cent) of community staff nurses at Cwm Taf hold a SPQ, which is similar to the Wales average (six per cent).

District Nursing Review

Slide 28

Equipping staff with skills to provide services

Compliance with statutory and mandatory training is poor.

Statutory and mandatory training	Percentage (%) of district nursing staff compliant with training
Resuscitation	71
Moving and handling	48
Fire safety	28
Infection prevention and control	23
Violence and aggression	21
Health safety and welfare	14
Safeguarding adults	13
Safeguarding children	9
Information governance ¹	0
Equality, diversity, human rights	Unknown

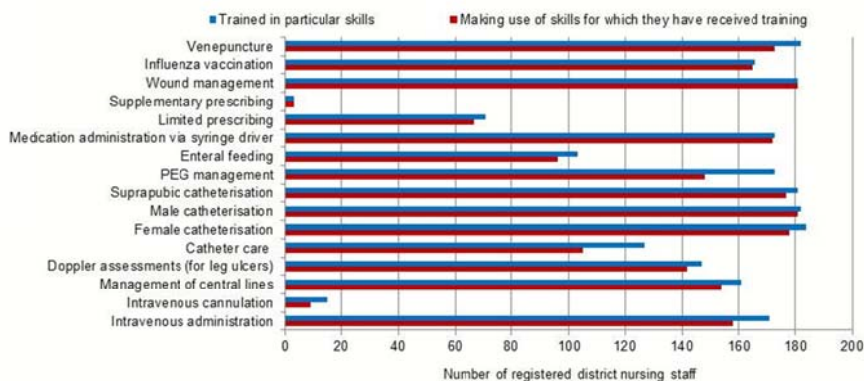
¹ The Health Board has indicated that training will roll out from March 2015.

District Nursing Review

Slide 29

Equipping staff with skills to provide services

Typically, registered district nursing staff are making use of the skills for which they have received training.

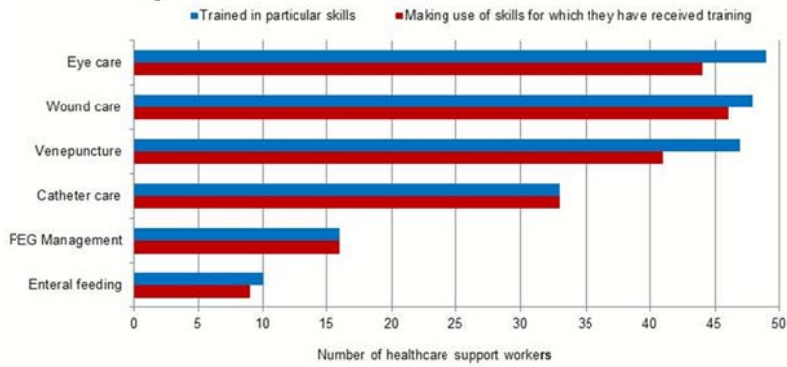


District Nursing Review

Slide 30

Equipping staff with skills to provide services

Healthcare support workers are making use of the skills for which they have received training.



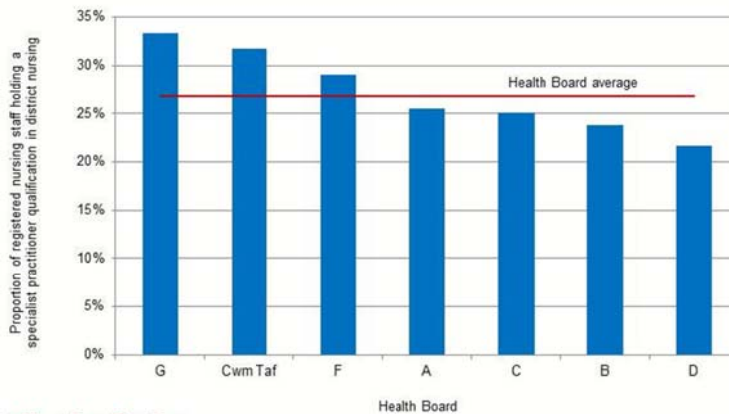
Ideally, both bars (blue and red) should match, if all staff who have received training are making use of these skills.

District Nursing Review

Slide 31

Equipping staff with skills to provide services

The proportion of registered district nursing staff holding an SPQ is one of the highest in Wales.



District Nursing Review

Slide 32

Effective deployment



The unexplained variation in the deployment and distribution of resources means that the Health Board cannot take assurance that its district nursing staff are effectively deployed.

District Nursing Review

Slide 33

Effective deployment



a. There is unexplained variation in the way district nursing teams are deployed, which the Health Board is beginning to address.

- The proportion of time spent on direct patient care is one of the lowest in Wales with time spent on non-patient activity one of the highest.
- There are big variations across teams in the proportion of time spent with patients and in non-patient related activities, both within and between localities and across and within grades, which the Health Board is working to address:
 - The proportion of time on direct patient care reduces with increasing seniority with big differences in how Band 6 and 7 staff spend their time.
 - None of the teams has administration and clerical support, which may account for the high proportion of time spent on 'admin' by some Band 3 staff.
 - Reorganisation of teams is enabling team leaders to set an appropriate threshold for patient facing time. For example, the proportion of time Band 7 staff spend on direct patient care is likely to be set at 20 per cent.
 - Work is underway to look at the roles of healthcare support workers and how their skills can be developed and used more effectively.

District Nursing Review

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Effective deployment

a. Continued...

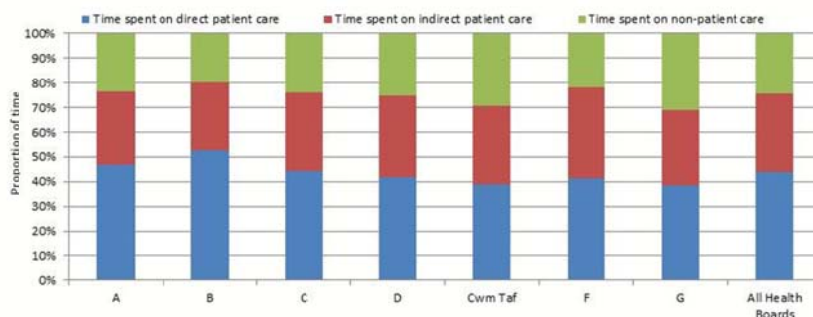
- Overall, travel time accounts for less than a fifth of the time spent on patient related activity while average travel time per patient contact varies across teams both within and between localities:
 - across Wales, travel time for patient visits accounted for 18 per cent of patient-related activity, ranging from 17 per cent to 22 per cent; and
 - patient visits are allocated to minimise travelling time between patients as far as possible.
- The grade mix of staff deployed across the week appears cost effective, with Band 7 staff deployed on weekdays only.

District Nursing Review

Slide 35

Effective deployment

The proportion of time spent on direct patient care is one of the lowest in Wales while the time spent on non-patient activity is one of the highest.



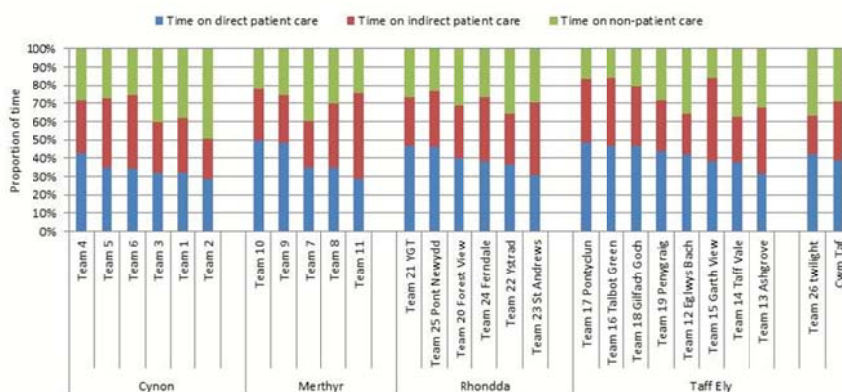
Direct patient care is face-to-face or telephone contact with a patient; Indirect patient care is related to patients notes, liaison with other agencies, travel related to visiting the patient; Non-patient care is all other activity eg, team management, teaching and learning, admin and professional and clinical management.

District Nursing Review

Slide 36

Effective deployment

There are big variations between teams in the proportion of time spent with patients and in non-patient related activities.

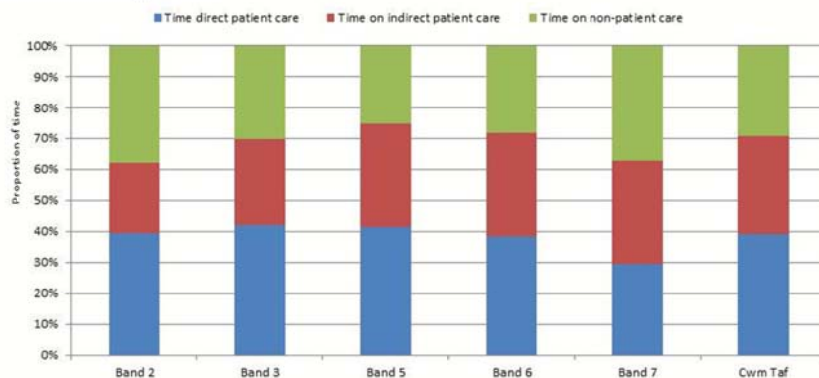


District Nursing Review

Slide 37

Effective deployment

The proportion of time spent with patients and in non-patient related activity varied across grades.

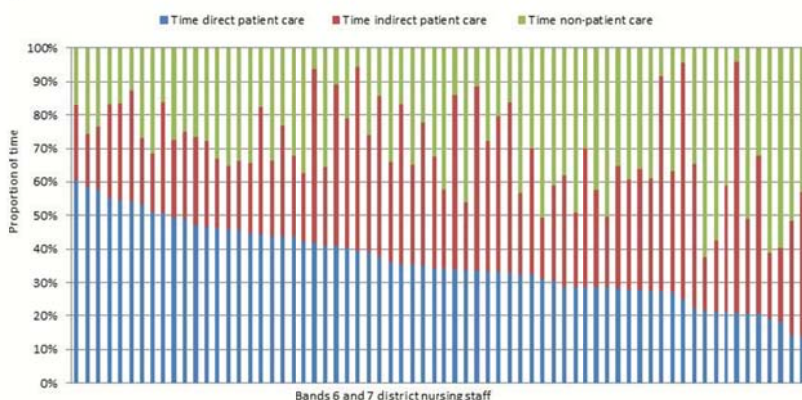


District Nursing Review

Slide 38

Effective deployment

There are big differences in how Band 6 and 7 district nursing staff spend their time.

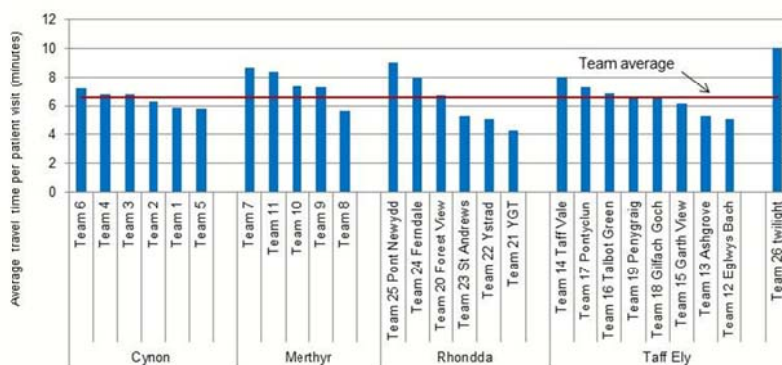


District Nursing Review

Slide 39

Effective deployment

Average travelling time per patient contact varies across teams both within and between localities.



District Nursing Review

Slide 40

Matching resources to the caseload



b. Staff are unevenly distributed across caseloads with unexplained variation between teams in relation to the number of patients visited and too many staff worked in excess of their contracted hours.

- Workload, measured as numbers of patients per district nursing staff, varies across teams both within and between localities:
 - The number of patients per district nursing staff varies two-fold between teams and it is unclear whether this variation reflects patient need or historical staffing allocations. The Health Board has indicated that recent changes to team structures mean that resources are more evenly matched to caseload.
 - The age profile of patients on the caseload varies between teams and localities with some teams caring for a high proportion of very elderly patients.
- District nursing staff undertook more than 6,700 patient visits or contacts during the audit week but there was lots of unexplained variation between teams in relation to the number of patients visited and the time taken to treat them:
 - on average, teams undertook 37.5 contacts per WTE team member but this ranged from 26.5 per WTE to 51 per WTE team member while the average length of each contact was 17.2 per team ranging from 13.4 minutes per team to 30.1 minutes per team; and
 - these variations may reflect differences in the availability of staff, other than GPs, in primary care settings, patient dependency (eg, complex time intensive care needs), short care interventions, distance travelled (so fewer visits) and location of care (eg, clinics with potentially more patients seen).

District Nursing Review

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Matching resources to the caseload



b. Continued...

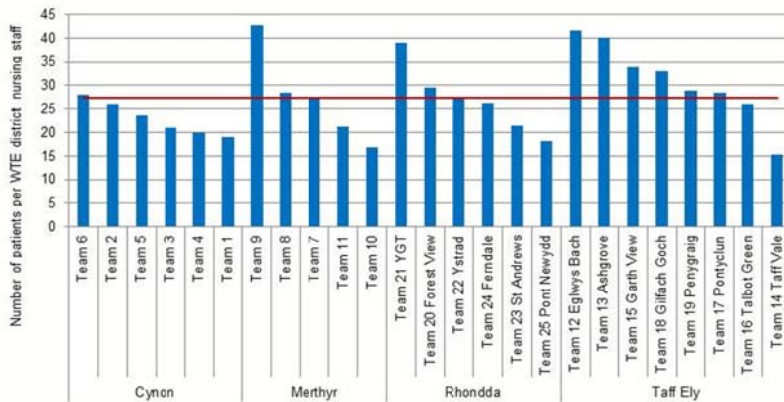
- Just under half of the district nursing staff worked in excess of their contracted hours:
 - Staff, excluding pre and post-registration students and bank staff, worked anywhere from a few minutes up to 27 hours in excess of their contracted hours during the audit. Nearly half of those working in excess of their contracted hours were employed part time.
 - The median excess hours worked was 6.2, the equivalent of an additional 16.6 WTE staff.

District Nursing Review

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Matching resources to the caseload

Workloads, measured as numbers of patients per district nursing staff, vary across teams within and between localities.

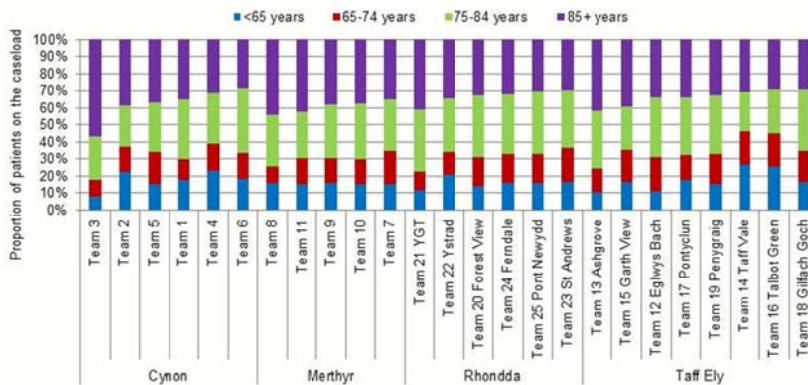


District Nursing Review

Slide 43

Matching resources to the caseload

Some district nursing teams provide care for a high proportion of very elderly patients.

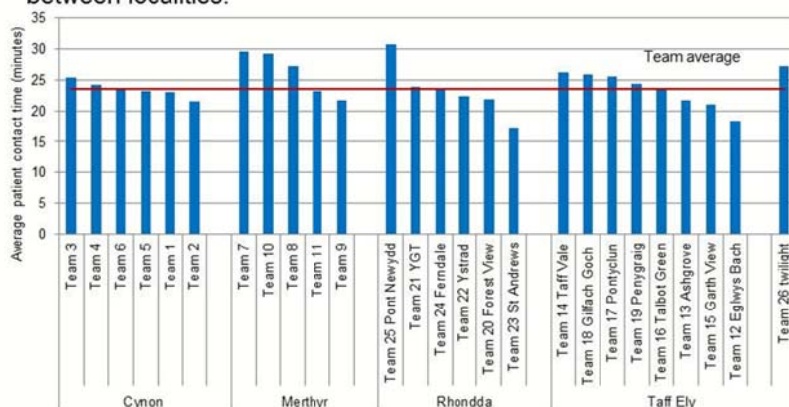


District Nursing Review

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Matching resources to the caseload

The average patient contact time varies across teams both within and between localities.



District Nursing Review

Slide 45

Local caseload management

c. The Health Board is working to strengthen arrangements and systems to support caseload management.

- Current systems do not provide team leaders with an overview of their caseload to ensure patients are discharged as planned or in a timely way:
 - the Health Board is procuring 'Chrome books', mobile devices to enable easier access to the recording and retrieval of patient information.
- Caseloads generally never close but stretch to absorb new patients.
- The number of visits to patients is usually limited to four visits over a 24-hour period but nearly half the teams reported that the number of visits 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.
- Some patients remain on the caseload for a long time and some of these patients receive only annual visits.

District Nursing Review

Slide 46

Local caseload management



C. Continued ...

- Most patients are cared for in their own home but not all patients are housebound:
 - The district nursing service specification sets out that care will be provided in the most appropriate setting for the patient. More than three-quarters (77 per cent) of patient contacts took place in the patient's home while 12 per cent were made by telephone; few (five per cent) contacts took place in clinics.
 - The draft primary and community health services strategy makes a commitment to develop and deliver innovative ways of providing care closer to home, using facilities within community hospitals as care 'hubs'.
 - More than two-thirds (67 per cent) of patients were categorised as housebound but this proportion varied across teams ranging from 24 per cent to 93 per cent. Staff told us that patients are sometimes not home when they visit. Although these 'wasted' journeys accounted for less than one per cent of staff time during the audit, it was the equivalent of 42 hours or an additional 100 patients that could have been seen during the week.

District Nursing Review

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Co-ordinating care



d. Many patients receive multiple healthcare services in the community with district nursing teams co-ordinating or case managing the majority of this care.

- One-fifth (21 per cent) of patients on the district nursing caseload were receiving care/advice from other community healthcare services, specialist nurses or other healthcare professionals. The most frequently cited were: podiatry, Macmillan nursing services, diabetes nurse specialist, community mental health teams, tissue viability services and continence services or advice. These six services or professionals accounted for half of the additional services.
- Nearly half (48 per cent) the patients received care arranged by social services.
- District nursing teams co-ordinate or case manage the care for two-thirds of the patients in receipt of multiple community healthcare services. Where the teams do not co-ordinate this care, GPs and specialist nurses are cited as the care co-ordinators.

District Nursing Review

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Arrangements for monitoring and improving services



The Health Board takes an active role in all-Wales district nursing fora, but arrangements for monitoring district nursing services at a corporate level are underdeveloped.

District Nursing Review

Slide 49

Monitoring and reporting performance



- a. The Health Board has basic arrangements in place to monitor district nursing services but recognises there are no specific indicators for performance or quality and safety, and is working to address this need.
- Performance measures or indicators have yet to be agreed in relation to the quality and safety of the district nursing service:
 - as part of the monthly meetings between district nursing staff and senior nurse managers, areas of concern are discussed, including compliance with appraisals and complaints and incidents.
 - Mechanisms to capture and report patient experience or patient outcomes are currently underdeveloped with reliance placed on monitoring complaints and incidents:
 - the Health Board is working with the Community Health Council on ways to capture patient feedback through satisfaction surveys or patient interviews; and
 - in future, the all-Wales 'Fundamentals of Care' audit will provide some information on quality and safety and patient experience.
 - There is no evidence that the performance of the district nursing service and its contribution to improving patient outcomes or shifting care from acute to community settings is discussed by the Board or its committees.

District Nursing Review

Slide 50

Identifying and sharing good practice



b. The Health Board plays an active role in the development of district nursing services nationally while team leaders meet regularly to share information.

- senior nursing staff actively contribute to the all-Wales forums related to the district nursing service with information shared via the monthly team leader meetings;
- team leaders meet monthly where lessons from complaints and incidents are shared and these meetings provide opportunities to share good practice and discuss issues collaboratively; and
- team meetings are a mechanism for sharing and have been crucial to the success of the recent service redesign by fostering engagement and understanding of the need for change amongst team members.

District Nursing Review

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Issues to be addressed



The Health Board needs to address the following:

- take the opportunity to refresh the service specification;
- publicise and use the referral criteria already in place;
- 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 and improve compliance rates with the appraisal and development plan review process;
- agree measures/indicators of service performance and quality and safety, including information on patient experience that can be used for monitoring and reporting both locally and corporately; and
- develop systems to enable consistent data collection on the demand for services, to support caseload management and to support monitoring and reporting.

District Nursing Review

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