Archwilydd Cyffredinol Cymru
Auditor General for Wales

WALES AUDIT OFFICE
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District Nursing Services in Wales - A checklist for Board Members

Introduction

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

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

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

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

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

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

Ensuring clarity about the role of the district nursing service

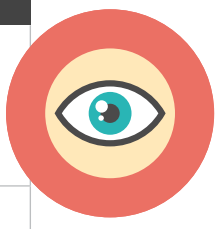
We found that health boards had a clear vision for delivering more care in the community but few had a clear strategy or plan to demonstrate how the district nursing service, as part of wider community service provision, would support this vision.

Has the Health Board stated its vision for the district nursing service within the wider provision of community nursing services?
Has the Health Board articulated the role and responsibilities of the district nursing service within the wider provision of community nursing services?
Does the Health Board have a documented strategy or plan that demonstrates how the district nursing service fits with wider community services to support the delivery of more care in the community?

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

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

Has the Health Board done enough to ensure key stakeholders understand the role of the district nursing service within wider community service provision?
Is there local guidance that clearly articulates the role and purpose of the district nursing service within wider community services?
Does the guidance clearly explain eligibility criteria and the referral process?
Has this guidance been shared and discussed with referrers and interested stakeholders, including patients?



Managing demand for district nursing services

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

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

Is the Health Board managing the demand for district nursing services effectively?
Are standardised referral forms used to capture the right information about the patient to provide safe and effective care at the first visit?
Is compliance with referral criteria or appropriateness of referrals regularly audited and fed back to relevant stakeholders?
Have alternative approaches been developed to help manage demand?

Managing the district nursing service caseload

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

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

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

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

Securing the right workforce

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

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

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

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

2 Welsh Government, 2017, Draft Budget 2018-19, Outline proposals, a new Budget for Wales

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

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

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

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

Understanding how district nursing staff spend their time

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

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

Few teams had administration and clerical support, which may account for the high proportion of time spent on administration by some healthcare support workers. We also found variation within and between health boards in the delegation of duties between healthcare support workers. In some health boards, healthcare support workers had undertaken additional competence based training to provide more technical care, such as blood glucose monitoring. This suggests that there may be scope for healthcare support workers to undertake a larger share of routine tasks.

Are district nursing staff effectively deployed?
Are staff doing the right things in the right place at the right time?
Has the Health Board determined how much time teams should spend on direct patient care?
Does the Health Board monitor how district nursing staff spend their time to minimise unnecessary variation?
Does the Health Board know what prevents staff from spending more time with patients?
Are plans in place to ensure district nurse teams have access to at least 15 hours of administrative support each week as set out in the Staffing Principles?

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

Understanding the quality and safety of the district nursing service

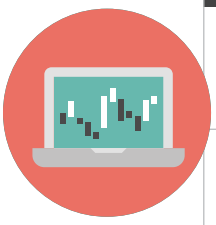
District nursing is largely a solitary occupation - one nurse working with one patient. It is important that health boards routinely monitor and report on the quality and safety of the service, including patient experience and outcomes. At the time of our audit most health boards did not routinely measure,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

Does the Health Board know how the district nursing service performs?
Has the Health Board agreed what information it needs to manage the district nursing service?
Does the Health Board know what patients think about the district nursing service?
Does the Health Board collect and report on a range of measures, including quality, safety and patient outcomes, to provide a rounded picture of the district nursing service?
Is the Board and its Committees sufficiently sighted of district nursing service performance?

Information and information systems

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

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



Does the Health Board have effective information systems in place?
Has the Health Board put in place systems to capture information for managing the district nursing service?
Is the Health Board preparing for the introduction of the WCCIS by, for example: • identifying a clinical lead to support the roll out; • identifying the resources needed to support roll out; • aligning documentation and processes to the system; or • learning lessons from the roll out in other areas?

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