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District Nursing All-Wales Review

Powys Teaching Health Board

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The team who delivered the work comprised of Anne Beegan, Tracey Davies, Katrina Febry, Gabrielle Smith and Sara Utley.

Contents

The range of interventions provided by the district nursing service reflects the service specification but there are real opportunities to put the service at the centre of the Health Board's approach for delivering care in the community, to improve utilisation of resources and to minimise variation.

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 Powys Teaching Health Board (the Health Board), the number of people aged 65 and over is expected to increase by 62 per cent by 2036[1]with the very elderly i.e. those aged 85 and over increasing by 175 per cent.

3. The Welsh Government's Chronic Conditions Management Model[2], and primary and community care strategy[3], signals 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 conditions[4] 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 coordination; and
- community services for the most vulnerable patients could be better coordinated as many of these services, including district nursing, provide 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

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. Currently, the district nursing service in the Health Board comprises of 153 nurses within individual teams caring for approximately 6,800 patients. These nurses are organised into 14 teams providing care across the Health Board's three localities. The teams in the North and Mid Powys localities generally operate between 9am and 5pm. The provision of out of hours services in North Powys are through a rota system, while the Builth Wells team provides 24-hour cover for the Mid Powys locality. Teams in South Powys generally operate between 9am and 8pm, supported by an on-call system outside these hours.

7. 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 was carried out between March and August 2014, and 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?' Details on our audit approach are set out in Appendix 1.

Our main findings

8. Our main conclusion is that the range of interventions provided by the district nursing service reflects the service specification but there are real opportunities to put the service at the centre of the Health Board's approach for delivering care in the community, to improve utilisation of resources and to minimise variation. In particular:

- although the foundations are in place, the health board lacks a clear vision and drive to integrate district nursing services with the wider provision of health and social services;
- the way in which district nursing teams are resourced is largely historic and, although referrals are generally appropriate, there is scope to improve the quality of referrals, review the scope of the district nurse service and improve caseload information;
- there is variation in the way in which district nurses are deployed across the Health Board with scope to review working practices and work allocation within and between teams; and
- the Health Board does not yet have arrangements to systematically assess, report and monitor the performance of district nursing services; it does however play an active role in supporting national developments in district nursing services.

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 similar presentation that was delivered to the Executive Director of Nursing and senior managers on 8 July 2014, and a subsequent presentation to team leaders on 15 July 2014. We will share the datasets underpinning the audit findings with the Health Board.

Part 1 - Although the foundations are in place, the Health Board lacks a clear vision and drive to integrate district nursing services with the wider provision of health and social services

There is a clear and up-to-date nursing and midwifery strategy in place but it lacks a distinct or separate vision for district nursing and its fit within the wider provision of community services

- The Health Board has clearly articulated the need to move towards community based integrated models of care, linked to the repatriation of patients.
- The nursing and midwifery strategy highlights the demographic and geographic challenges facing the Health Board as well as the need to work closely with neighbouring health boards and trusts in relation to acute care.
- There is a lack of clarity as to where district-nursing services fit in within the whole system, which means that the service is reactive to changes elsewhere in the system rather than proactively leading the way.

There is a clear operational policy in place for the service, although there is a lack of clarity on how the service fits operationally with the Health Board's direction of travel and it is not yet supported by a robust workforce plan

- The District Nursing operational policy written in 2013 clearly articulates the service specification, aims and objectives as well as the roles and responsibilities for the district nurses.
- District nursing staff do not have a shared understanding on how the service fits with the Health Board's direction of travel and there has been limited progress integrating community-nursing teams.
- Workforce plans are currently underdeveloped, although there is a clear aim in the Nursing and Midwifery priorities for the undertaking of a comparative workforce review of the District Nursing service and the development of plans to ensure the right number of district nurses with the right skills are in place.

Managerial and professional lines of accountability are clear and consistent but the profile of district nursing at a locality level is variable

- The line management structure is consistent across the localities and teams, with good clarity around the role of the team leader and deputy.
- Professional lines of accountability are in place with the district nursing team leaders reporting to the professional head of district nursing who provides professional and clinical leadership.
- There is a clear professional line to the Board from the district nursing teams through the Executive Director of Nursing.
- The profile of district nursing within the localities is variable depending on local priorities, the multitude of partnership agencies and the maturity of the management team, with changes in senior roles affecting engagement with the district nurse service and subsequent managerial profile at Board level.

Part 2 - The way in which district nursing teams are resourced is largely historic and, although referrals are generally appropriate, there is scope to improve the quality of referrals, review the scope of the district nurse service and improve caseload information

There were inconsistent arrangements for measuring demand, with no data system or processes to assess patients dependency or acuity

- In common with other health boards in Wales, there is no standardised patient dependency tool currently in use. A high-level review of patient numbers was recently undertaken; however, it did not identify caseload characteristics or patient acuity.
- The Health Board has lacked an electronic system to capture information about the caseload and patient dependency or acuity, although the recent implementation of Myrddin will enable consistent caseload data to be captured going forward.

The demand for district nursing services needs to be better managed

- A standard referral form is available but rarely used which means that the quality of the referral information is sometimes poor.
- The scope of care and interventions that can be provided is set out in the district nursing service specification although this is not widely shared with key stakeholders.
- The type of care interventions requested generally matches the service specification with teams willing to redirect inappropriate referrals that do not match the specification.

Staffing levels compare favourably against many other health boards with a positive shift in the grade mix, however levels remain largely historic and there is variation across the teams

- The Health Board has the second highest number of district nursing staff per 1,000 population of registered patients aged 65 and older.
- Overall staffing levels have remained relatively constant since 2010 with a general perception amongst staff that staffing levels have remained the same for many years.
- The grade mix within the service has altered with a greater number of Band 3 and Band 5 staff than previously, although this has been offset with a reduction in Band 6 and Band 7 staff and there is variation across teams.
- There has been a small increase in administration hours, although this support is not available to all teams.

Staff are trained in a good range of skills, but not all of them are used and workload pressures can make access to training, and compliance with mandatory training, difficult

- Staff are trained in a range of skills which largely align with the caseload profile although some of the skills are not being actively used.
- The Health Board encourages paid protected time for CPD and a system for clinical supervision, but these are not always being implemented in practice due to workload pressures.
- The proportion of registered staff with the SPQ is the highest in Wales with all Band 7 staff and the majority of Band 6 staff qualified.
- Compliance with some mandated training is an issue with low levels of compliance in some key areas such as Safeguarding Adults.
- Not all staff have received an annual appraisal within the last 12 months.

Part 3 - There is variation in the way in which district nurses are deployed across the Health Board with scope to review working practices and work allocation within and between teams

The time spent on patient care varies by team and grade, with the setting in which patient care is provided and the geography of Powys having an impact

- Across Powys, only 38 per cent of time is spent on direct patient care, which is the lowest in Wales.
- The proportion of time spent on non-patient care across Powys is the highest in Wales, with the Builth Wells team spending 50 per cent of their time on non-patient care activities.
- The proportion of time spent on direct patient care by both Band 3s and 7s is lower than expected, and the proportion of time spent on non-patient care is relatively high across all grades of staff.
- The proportion of patients seen in their own homes varies across teams with more than 80 per cent of visits by the Llanfyllin and Montgomery teams held in the patients home.
- Although the total time spent on travel is less than other health boards, the geographical nature of the Health Board has an impact on the utilisation of some staff with the average amount of time spent on travel greatest in the most rural areas.

Arrangements are in place to ensure that caseload levels do not create pressure on the teams, however there is scope to improve caseload management particularly in relation to reviewing patients who are suitable for discharge

- There is a clear escalation policy in place in the event of increased demand or shortage of staff.
- There are differing views around limiting the number of visits a patient can receive in any one day, although most teams said that they would manage this on a case-by-case basis.
- Almost a quarter of patients have been on the caseload for more than two years, which is relatively high and may indicate the potential for more patients to be discharged.
- The proportion of patients on the caseload who only receive one care intervention is also high.

District nurses play an active role in care co-ordination, although this varies depending on the range of other services in place. A lack of understanding, particularly by the Builth Wells team, on what other services patients are receiving is a concern

- Patients receive a range of other services with social services and input from other healthcare professionals the most common.
- Of the patients visited weekly or more frequently, staff did not know whether patients receive any other services in five per cent of cases.
- District nursing teams' co-ordinate or case manage services for 59 per cent of their patients who are in receipt of multiple services, although there is variation between teams.
- Staff in the Builth Wells team do not know what other support is being provided to patients and their living arrangements for a significant proportion of their caseload.

Part 4 - The Health Board does not yet have arrangements to systematically assess, report and monitor the performance of district nursing services; it does however play an active role in supporting national developments in district nursing services

Systems for monitoring and reporting on the performance of the district nursing service are not yet in place, although some aspects of quality and safety are monitored

- There is reference to the monitoring of key performance indicators and patient experience in the Health Board's annual operational plan but monitoring is reliant on a new dashboard and supporting information system, which have only recently been implemented.
- The Health Board routinely reports on a limited number of quality measures, including clinical incidents and complaints, but these indicators are not specific to district nursing.
- There is no risk register specific to district nursing services, but risks relating to the service are contained within the locality risk registers.
- There is no clinical audit programme specific to district nursing services, although the service has been involved in a number of clinical audits, including a focused review on the 'leg club' provided by district nurses.

The Health Board has played an active role in supporting the development of district nursing services across Wales and is developing innovative practice around leg ulcer management, although more could be done to share more localised practice between teams

- The Director of Nursing, Assistant Director of Nursing and Professional Lead for District Nursing are all key players in the All Wales forums relating to district nurse services.
- The Health Board is leading the way on the treatment and prevention of leg ulcers, which is currently part of a national research project.
- The Powys district nurse forum provides opportunity to share local practices between teams although discussions to date would indicate that these opportunities have not been maximised.

Recommendations

10. Our work has identified the following recommendations.

Strategy and planning

R1 To effectively meet the growing demand for services in the community, the Health Board needs to:

- clarify the role and responsibilities of the district nursing service within the wider community service provision;
- develop a vision for district nursing services with some common principles, recognising that there will need to be some local variation across the localities to reflect the differences in the way in services are provided;
- take the opportunity to agree how care in the community can be streamlined and better integrated; and
- develop a workforce plan which sets out the level and skill mix required to deliver services now and in the future.

Resources to meet demand

R2 To improve the management of demand for district nursing services, and ensure that all referrals are appropriate, the Health Board needs to:

- update and re-launch the criteria for referrals and communicate these to all referrers;
- further develop and implement the standard referral form, which also acts as a prompt for information when accepting telephone referrals;
- raise the importance of having a full range of information, particularly in relation to other services being provided to the patient and how to gain access to the patient's home; and
- using the findings of this work, examine response times to referrals to ensure that patients are seen in a timely manner.

R3 To make use of the skills available within the workforce and to provide the necessary development and training opportunities, the Health Board needs to:

- ensure that the appropriate mechanisms are in place to allow the staff to utilise their skills, including the consideration and development of policies which allow district nurses to undertake tasks which they are trained to do;
- ensure all district nursing staff receive an annual appraisal; and
- gain a better understanding for the low compliance rates with statutory and mandatory training and put mechanisms in place to improve compliance.

Effective deployment

R4 To support effective deployment and to make best use of its district nursing resource, the Health Board needs to:

- actively participate in the development of the all-Wales Community Nursing Acuity Tool;
- identify opportunities to rebalance resources to match workload and population needs;
- examine the variation in non-patient activity and consider whether there are opportunities to free up district nursing time, including the consideration of increased administration capacity;
- determine whether existing resources could be used differently to provide care in alternative settings such as increasing clinic provision; and
- use the findings from the caseload review, explore the potential for cases to be discharged from the district nursing service or to be referred to other healthcare professions who may be more appropriate in meeting the needs of the patient.

Monitoring and improving services

R5 To improve the management of district nursing services, the Health Board needs to:

- Build on the opportunities of a new electronic information system to:
  - develop a range of performance, quality and safety measures that are routinely monitored, reported and acted upon; and
  - develop a consistent approach to capturing caseloads to inform future workforce plans.
- Ensure mechanisms are in place to bring together common risks identified through the locality risk registers relating to district nursing services.
- Explore opportunities within the Powys district nurse forum to share experiences and good practice across the teams and localities on a regular basis.

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.

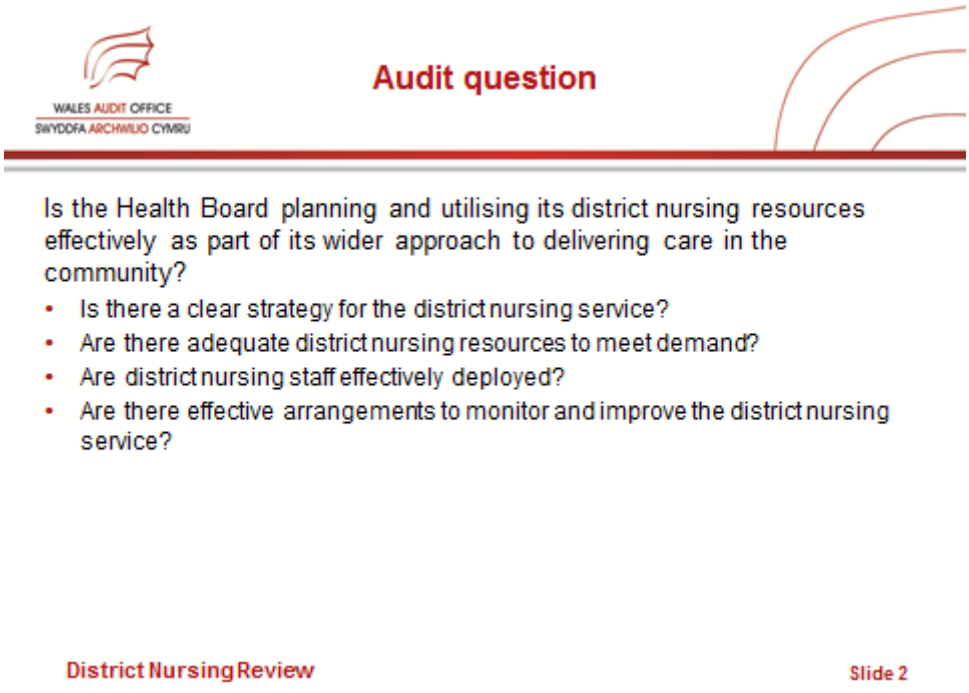
We carried out a number of audit activities between March and August 2014 to answer these questions (below). Each audit activity was carried out in successive weeks to minimise the impact of one activity upon another.

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 14 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 138 completed diaries for the reference week from staff working as members of staff for the district nursing service. These staff included bank staff, third year pre-registration students and post-registration students.
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 259 completed surveys.

Audit activities	Purpose
4. Caseload survey	All 14 teams took part in a caseload survey. Team leaders completed 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 27 April 2014. We sought information about the composition of the caseload, in particular the following factors: • 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 patients receives care or support from other community health care services, specialist nurses, social services and unpaid carers. We received 5,315 completed surveys.
5. Health board survey	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.
5. Workshops with team leaders and managers	We shared the findings from the data collection exercises with all team leaders at a feedback workshop held in July. These workshops provided an opportunity for team leaders to comment on the validity of the findings.
6. Workshop with senior nurse management team and executive directors	We met with senior managers and the Executive Director of Nursing in July to share our initial conclusions based on the audit findings.

Appendix 2

Presentation of key findings



Overall conclusion

The range of interventions provided by the district nursing service reflects the service specification but there are real opportunities to put the service at the centre of the Health Board's approach for delivering care in the community, to improve utilisation of resources and to minimise variation

District Nursing audit Slide 3

Sub conclusions

1. **Strategy and planning**: Although the foundations are in place, the health board lacks a clear vision and drive to integrate district nursing services with the wider provision of health and social services.
2. **Resources to meet demand:** The way in which district nursing teams are resourced is largely historic and, although referrals are generally appropriate, there is scope to improve the quality of referrals, review the scope of the district nurse service and improve caseload information.
3. **Effective deployment:** There is variation in the way in which district nurses are deployed across the Health Board with scope to review working practices and work allocation within and between teams.
4. **Arrangements to monitor and improve services:** The Health Board does not yet have arrangements to systematically assess, report and monitor the performance of district nursing services; it does however play an active role in supporting national developments in district nursing services.

District Nursing Review Slide 4

Strategy and planning

Although the foundations are in place, the health board lacks a clear vision and drive to integrate district nursing services with the wider provision of health and social services.

District Nursing Review Slide 5

Strategy

- There is a clear and up-to-date nursing and midwifery strategy in place but it lacks a distinct or separate vision for district nursing and its fit within the wider provision of community services
  - The Health Board has clearly articulated the need to move towards community based integrated models of care, linked to the repatriation of patients.
  - The nursing and midwifery strategy highlights the demographic and geographic challenges facing the Health Board as well as the need to work closely with neighbouring health boards and trusts in relation to acute care.
  - There is a lack of clarity as to where district nursing services fit in within the whole system, which means that the service is reactive to changes elsewhere in the system rather than proactively leading the way.

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Operational plans

- There is a clear operational policy in place for the service, although there is a lack of clarity on how the service fits operationally with the Health Board's direction of travel and it is not yet supported by a robust workforce plan
  - The District Nursing operational policy written in 2013 clearly articulates the service specification, aims and objectives as well as the roles and responsibilities for the district nurses.
  - District nursing staff do not have a shared understanding on how the service fits with the Health Board's direction of travel and there has been limited progress integrating community-nursing teams.
  - Workforce plans are currently underdeveloped, although there is a clear aim in the Nursing and Midwifery priorities for the undertaking of a comparative workforce review of the District Nursing service and the development of plans to ensure the right number of district nurses with the right skills are in place.

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Lines of accountability

- Managerial and professional lines of accountability are clear and consistent but the profile of district nursing at a locality level is variable
  - The line management structure is consistent across the localities and teams, with good clarity around the role of the team leader and deputy.
  - Professional lines of accountability are in place with the district nurse team leaders reporting to the professional head of district nursing who provides professional and clinical leadership.
  - There is a clear professional line to the Board from the district nursing teams through the Executive Director of Nursing.
  - The profile of district nursing within the localities is variable depending on local priorities, the multitude of partnership agencies and the maturity of the management team, with changes in senior roles affecting engagement with the district nurse service and subsequent managerial profile at Board level.

District Nursing audit Slide 8

Resources to meet demand

The way in which district nursing teams are resourced is largely historic and, although referrals are generally appropriate, there is scope to improve the quality of referrals, review the scope of the district nurse service and improve caseload information

District Nursing audit Slide 9

Understanding demand

- There were inconsistent arrangements for measuring demand, with no data system or processes to assess patients dependency or acuity
  - In common with other health boards in Wales, there is no standardised patient dependency tool currently in use. A high-level review of patient numbers was recently undertaken; however, it did not identify caseload characteristics or patient acuity.
  - The Health Board has lacked an electronic system to capture information about the caseload and patient dependency or acuity, although the recent implementation of Myrddin will enable consistent caseload data to be captured going forward.

District Nursing Review Slide 10

Understanding demand

Findings from the district nursing caseload survey:

- Our review identified that there are just over 5,315 'active' patients on the caseload i.e. those seen within the last six months.
  - 80 per cent are aged 65 years and over, with an average age of 73 years although there is variation across the teams with:
    - 40 per cent or more of patients aged 85 years and over in Crickhowell, Machynlleth and Montgomery.
    - more than 30 per cent of patients aged 64 and under in Builth Wells and Newtown.
  - 38 per cent receive a weekly or more frequent visit, although 12 per cent only receive a visit once a year. The majority of once a year visits are in Builth Wells and Newtown, which reflect the nature of the clinic work, although there also some high numbers in Llanfyllin, Welshpool and Ystradgynlais.

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Understanding demand

Findings from the district nursing caseload survey (continued):

- 29 per cent live alone and 36 per cent receive support from an unpaid carer.
- 41 per cent are considered to be 'housebound', although 60 per cent receive care in their own homes.
- 2 per cent receive their care outside core hours, although there is a greater proportion in the South locality which reflects the longer working hours.

District Nursing audit Slide 12

Managing demand

- The demand for district nursing services needs to be better managed
  - A standard referral form is available but rarely used which means that the quality of the referral information is sometimes poor.
  - The scope of care and interventions that can be provided is set out in the district nursing service specification although this is not widely shared with key stakeholders.
  - The type of care interventions requested generally matches the service specification with teams willing to redirect inappropriate referrals that do not match the specification.
    - However district nursing staff told us that they feel obliged to pick up referrals if other professions are unable or unwilling to take the referrals.

District Nursing audit Slide 13

Managing demand

Findings from the referral survey:

- During the survey week, 259 referrals were received.
  - Nearly all referrals (99 per cent) were received on weekdays during core hours.
  - Across Powys, referrals peak on a Monday but there is variation across the teams.
  - Just over two-fifths of referrals were for patients already known to district nursing staff.
  - 62 per cent of patients were 'seen' on the day of referral.
    - although the service specification allows 24 hours for urgent and 48 hours for non-urgent referrals.
    - 35 per cent of patients not seen until after 4 days by the Crickhowell team.
  - 60 per cent of referrals were for wound management (including pressure sore management) or venepuncture (Exhibit 1).

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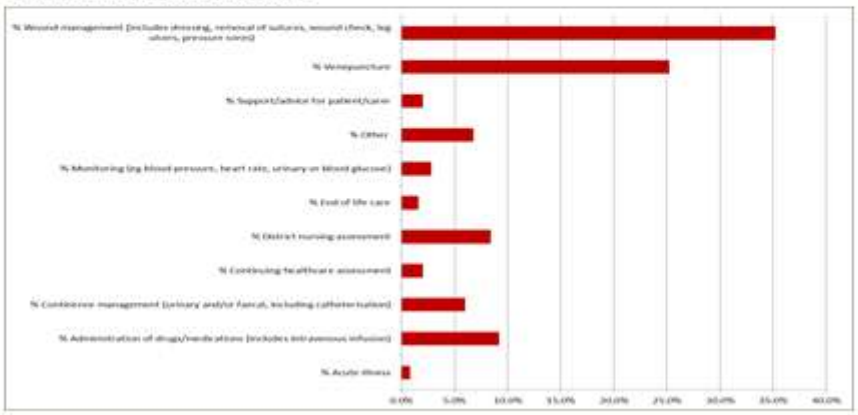
Managing demand

Exhibit 1: Reason for referral



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Managing demand

Findings from the referral survey (continued):

- Most referrals were considered appropriate although more could be done to promote the role of district nursing in preventing admission and some referrals could be dealt with by other professions.
  - 6 per cent were perceived to be inappropriate '*because care should or could have been provided by another nursing professional*'.
  - More than two-fifth of the referrals to the Machynlleth team were perceived as being inappropriate.
  - District nurses feel that a number of referrals could be dealt with by other professions, particularly in relation to post-operative wound dressings and routine bloods.
- 45 per cent of referrals did not result in on-going care after first visit.
- Most referrals are received from GPs or hospital-ward staff. There are no referrals from A&E which may be due to the role of the care transfer co-ordinators who work with the neighbouring District General Hospitals (Exhibit 2).

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Managing demand

Exhibit 2: Source of referral

Source		Locality		
	Health Board	Mid	North	South
GP	**38%**	44%	32%	41%
Hospital ward staff	**24%**	16%	24%	29%
Carer (eg family)	**15%**	17%	17%	12%
Self-referral	**14%**	11%	17%	12%
Other	**8%**	13%	7%	6%
Social services	**1%**	-	3%	-
A&E	-	-	-	-

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Managing demand

Findings from the referral survey (continued):

- 62 per cent of referrals were received over the telephone (ranging between 31 per cent and 100 per cent), which presents challenges in ensuring the correct information is received.
- 82 per cent of referrals for new patients were perceived to have adequate information, but there was variation across localities with a greater level of adequacy reported in the Mid locality (88 per cent) compared to the South locality (76 per cent).
  - The adequacy of information was significantly lower in Ystradgynlais and Brecon with only 50 per cent and 56 per cent respectively of new referrals deemed to have adequate information.
- District Nurses identified that the rate of adequacy was impacted by referrals sent through by practice admin staff on behalf of GPs where minimal information is provided.
- Basic referral information is missing, such as access arrangements and information on the involvement of other services, with variation across the localities (Exhibit 3 and 4).

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Managing demand

Exhibit 3: Inclusion of information on referral

Did referral information include:	
• the medical history or diagnosis?	84%
• the urgency of the referral?	81%
• whether equipment or dressings would be required?	56%
• whether the patient lives alone?	40%
• how you would gain access to the patient's home?	40%
• whether other health professionals are involved in the patient's care?	36%
• whether the patient has a carer?	25%
• whether social services are involved in the patient's care?	15%
• whether voluntary services are involved in the patent's care?	7%

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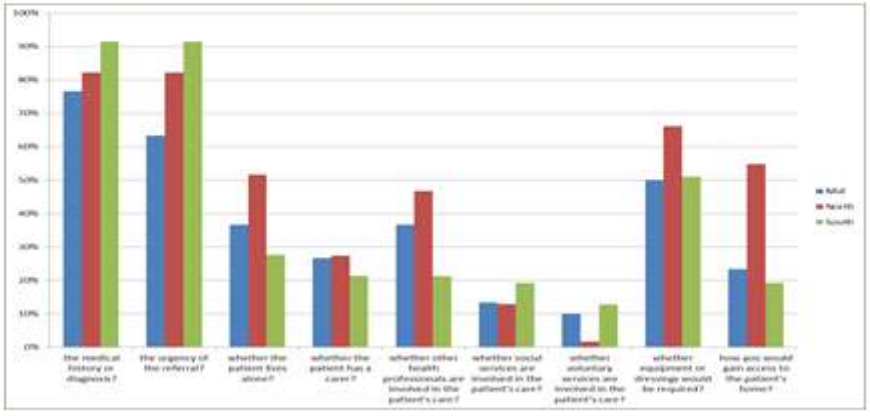
Managing demand

Exhibit 4: Inclusion of information on referral (by locality)



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Available resources

- Staffing levels compare favourably against many other health boards with a positive shift in the grade mix, however levels remain largely historic and there is variation across the teams
  - The Health Board has the second highest number of district nursing staff per 1,000 population of registered patients aged 65 and older (Exhibit 5).
    - Although there is variation between teams and localities, with the number of district nursing staff per 1,000 population of registered patients aged 65 and older the greatest in the Mid locality. This is likely to be affected by the additional generic nursing staff that now fall under the responsibility of the district nursing team in Builth Wells.
  - Overall staffing levels have remained relatively constant since 2010 with a general perception amongst staff that staffing levels have remained the same for many years.
    - The health board reported using professional experience and advice, along with historic funding arrangements to determine the grade mix.

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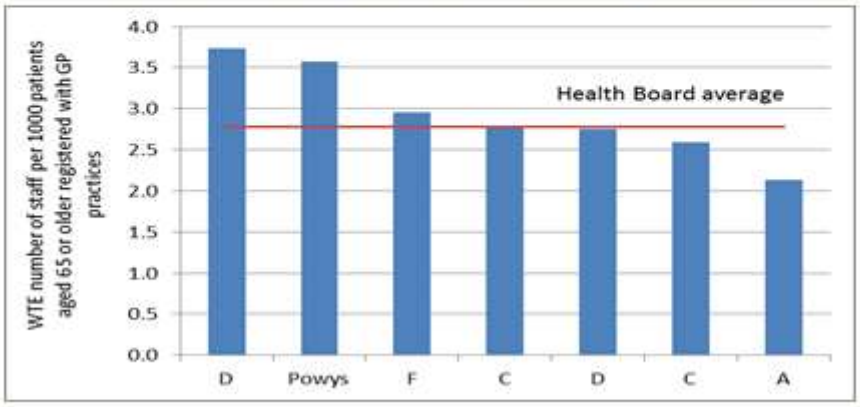
Available resources

Exhibit 5: WTE number of staff per 1,000 registered patients aged 65 and over



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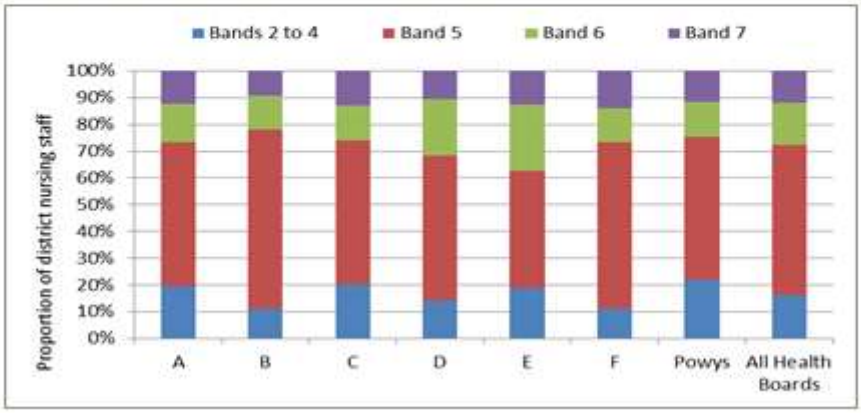
Available resources

- The grade mix within the service has altered with a greater number of Band 3 and Band 5 staff than previously, although this has been offset with a reduction in Band 6 and Band 7 staff and there is variation across teams.
  - The health board now has the highest proportion of Health Care Support Workers in Wales (Exhibit 6).
  - The district nursing staff told us that the flexibility to alter the grade mix within the team, particularly when a vacancy arises, is dependent on the locality or as a result of wider service changes such as the creation of the Health and Social Care Unit in Builth Wells.
    - There is variation in grade mix across the teams, with a greater proportion of Health Care Support Workers in Builth Wells and Ystradgynlais, both of whom reported a positive ability to make changes to the grade mix (Exhibit 7).
- There has been a small increase in administration hours, although this support is not available to all teams.

District Nursing audit Slide 23

Available resources

Exhibit 6: Percentage grade mix (by health board)



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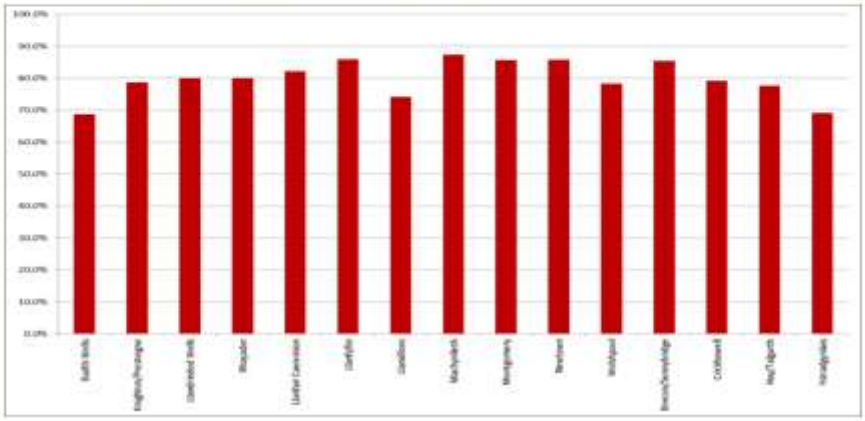
Available resources

Exhibit 7: Percentage of registered staff (by team)



District Nursing audit

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Equipping staff with skills to provide services

- Staff are trained in a good range of skills, but not all of them are used and workload pressures can make access to training, and compliance with mandatory training, difficult
  - Staff are trained in a range of skills which largely align with the caseload profile although some of the skills are not being actively used.
    - Biggest services provided to patients within the caseload review are wound management (including pressure sores and leg ulcers), venepuncture, continence management and medication administration.
    - Registered staff are trained in, and practising, a range of skills although there is scope to increase practise around IV management, central lines and enteral feeding (Exhibit 8).
      - a lack of policies in relation to intravenous treatment or not enough demand on the caseload were cited as reasons for underutilisation of skills.
    - Unregistered staff are trained in, and practising, a range of skills although there is scope to increase practise around eye care, and some staff are receiving informal 'on the job' training around wound care (Exhibit 9).

District Nursing Review

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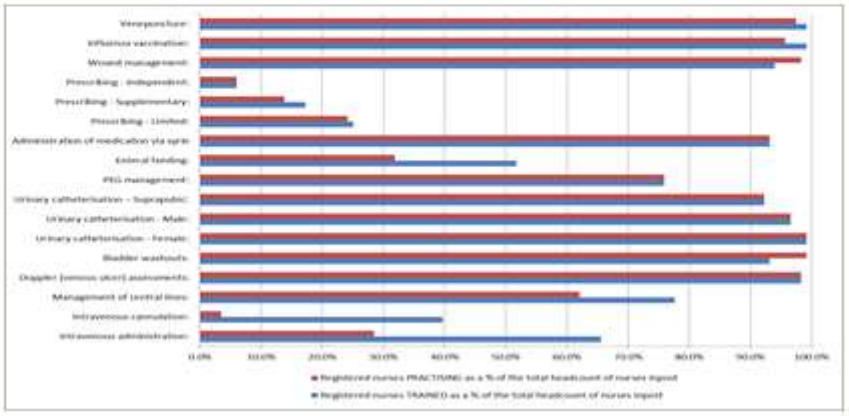
Equipping staff with skills to provide services

Exhibit 8: Percentage of registered nurse skills (trained and practised)



District Nursing audit

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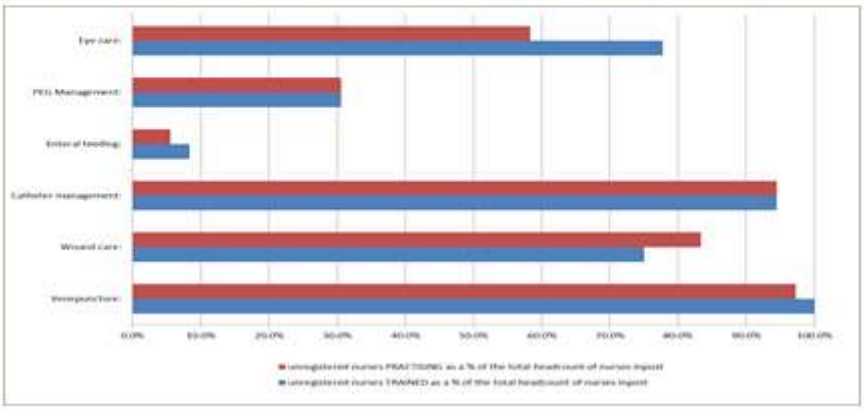
Equipping staff with skills to provide services

Exhibit 9: Percentage of unregistered nurse skills (trained and practised)



District Nursing audit

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Equipping staff with skills to provide services

- The Health Board encourages paid protected time for CPD and a system for clinical supervision, but these are not always being implemented in practice due to workload pressures.
  - Staff are reported to have access to paid protected time for CPD, but there were significant variances in agreement across the teams, demonstrating the need for clarification.
  - District nursing staff reported that it was workforce constraints and workload demands which were impacting on the ability to have paid protected time.
  - Only 3 teams (1 in the North and 2 in the South) identified having a system of clinical supervision in place, although others identified having informal systems.
- The proportion of registered staff with the SPQ is the highest in Wales with all Band 7 staff and the majority of Band 6 staff qualified (Exhibit 10).
- Compliance with some mandated training is an issue with low levels of compliance in some key areas such as Safeguarding Adults (Exhibit 11).
- Not all staff have received an annual appraisal within the last 12 months.

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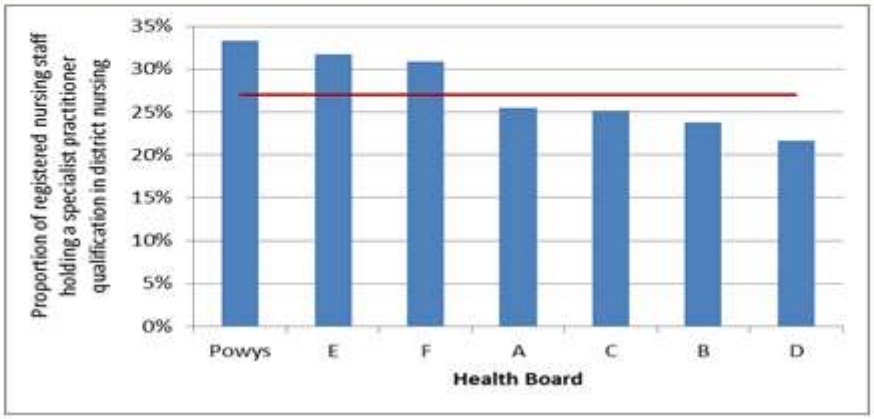
Equipping staff with skills to provide services

Exhibit 10 – Proportion of registered staff with Specialist Practitioner Qualification



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Equipping staff with skills to provide services

Exhibit 11: Compliance with statutory and mandatory training

	Proportion of district nursing staff compliant
Equality, diversity, human rights	3.35%
Health safety and welfare	2.87%
Fire safety	39.66%
Infection prevention and control	50.8%
Moving and handling	49.1%
Safeguarding Adults	49.1%
Safeguarding children	11.17%
Resuscitation	51.95%
Information Governance	20.44%
Violence and aggression	49.72%

District Nursing audit

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Effective deployment

There is variation in the way in which district nurses are deployed across the Health Board with scope to review working practices and work allocation within and between teams

District Nursing Review

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Effective deployment

Findings from our diary exercise:

- Our review identified 4,162 patient contacts during a period of one week.
  - the number of patient contacts per Whole Time Equivalent (WTE) varied significantly, ranging from 21 to 58 contacts.
  - 62 per cent of contacts took place in patients' homes.
  - 2.4 per cent of all contacts were after 5pm and 10 per cent of contacts took place at the weekend with small variations across weekdays, reflecting referral patterns.
  - the average patient contact took 21 minutes but ranged between 14 minutes and 28 minutes.
  - less than 1 per cent of time was spent on Continuing Healthcare related activities.
  - 96 per cent of patients received a single handed visit, although 16 per cent of Llanffylin patients were seen by two nurses.

District Nursing audit Slide 33

Effective deployment

- The time spent on patient care varies by team and grade, with the setting in which patient care is provided and the geography of Powys having an impact
  - Across Powys, only 38 per cent of time is spent on direct patient care which is the lowest in Wales (Exhibit 12).
    - But there is variation across the teams with the lowest levels identified in the Builth Wells, Llanfyllin and Montgomery teams compared with the some of the highest levels in Llandrindod Wells, Llanidloes and Rhayader (Exhibit 13).
  - The proportion of time spent on non-patient care across Powys is the highest in Wales, with the Builth Wells team spending 50 per cent of their time on non-patient care activities.
  - The proportion of time spent on direct patient care by both Band 3s and 7s is lower than expected, and the proportion of time spent on non-patient care is relatively high across all grades of staff (Exhibit 14).

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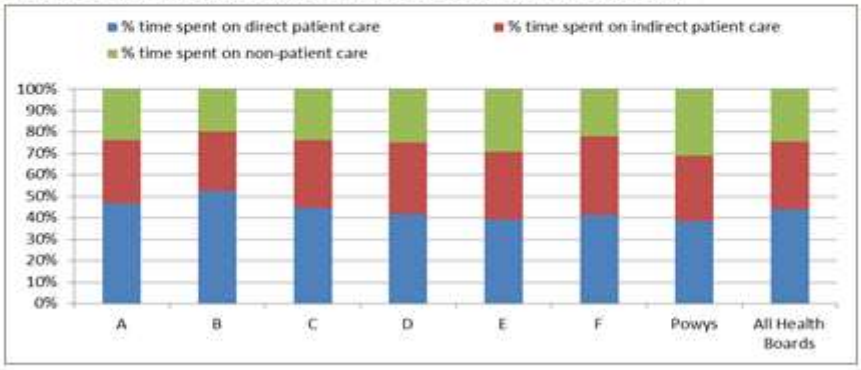
Effective deployment

Exhibit 12: Proportion of time spent on activities (by health board)



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 e.g. team management, teaching and learning, admin and professional and clinical management.

District Nursing audit

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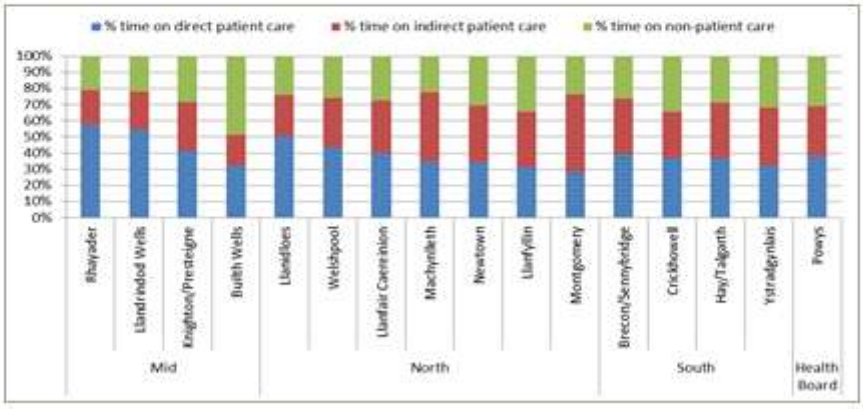
Effective deployment

Exhibit 13: Proportion of time spent on activities (by team)



District Nursing audit

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Effective deployment

Exhibit 14 – Proportion of time spent on activities (by grade)

	Activity		
	Direct patient care	Indirect patient care	Non patient care
Band 3	40.0%	26.6%	33.4%
Band 4	62.9%	6.6%	30.5%
Band 5	40.3%	31.1%	28.6%
Band 6	36.0%	32.9%	31.2%
Band 7	26.9%	35.8%	37.3%

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Effective deployment

- The proportion of patients seen in their own homes varies across teams with more than 80 per cent of visits by the Llanfyllin and Montgomery teams held in the patients home.(Exhibit 15).
  - A greater proportion of patient contacts were held in clinics for both the Builth Wells and Knighton/Presteigne teams.
  - A large proportion of patient contacts by the Newtown were held over the phone. Staff identified that this is mainly due to patients contacting the team to make clinic appointments but the lack of administrative staff means the district nursing staff are having to respond to the calls.

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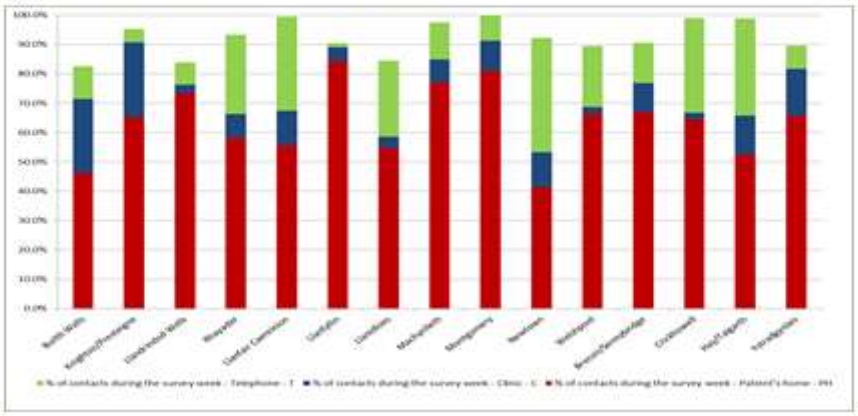
Effective deployment

Exhibit 15: Percentage of contacts by setting (by team)



District Nursing audit

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Effective deployment

- Although the total time spent on travel is less than other health boards, the geographical nature of the Health Board has an impact on the utilisation of some staff with the average amount of time spent on travel greatest in the most rural areas.
  - Almost 10 per cent of time was spent on travel by the district nursing staff in the Machynlleth team, compared to 3.7 per cent by the district nursing staff in the Llandrindod Wells team although both teams had similar proportions of patient contacts in the home.
  - During the week of the audit, there were 133 visits that resulted in 'no access'. Although these 'wasted' journeys accounted for less than 1 per cent of staff time during the week, this is the equivalent of 32 hours, time in which other patients could have been seen.

District Nursing audit

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Local caseload management

- Arrangements are in place to ensure that caseload levels do not create pressure on the teams, however there is scope to improve caseload management particularly in relation to reviewing patients who are suitable for discharge
  - There is a clear escalation policy in place in the event of increased demand or shortage of staff.
    - This is recognised by staff and is identified as working well in practice should escalation be necessary.
    - Our diary exercise did not identify any particular problems with excessive hours being worked although we are aware that staff worked in other teams during the audit week because of a shortage of staff.
    - 66 per cent of teams said that the caseload had not been closed, a further 33 per cent said that it would never be closed (3 out of 4 teams in the South, and 2 out of 4 teams in Mid).

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Local caseload management

  - There are differing views around limiting the number of visits a patient can receive in any one day, although most teams said that they would manage this on a case-by-case basis
    - Four teams said that there is a limit to the number of visits that can be made to a patient in any one day during core daytime hours.
  - Almost a quarter of patients have been on the caseload for more than two years, which is relatively high and may indicate the potential for more patients to be discharged.
    - The greatest proportion are in the North and South localities (Exhibit 16).
  - The proportion of patients on the caseload who only receive one care intervention is also high.
    - 58 per cent of patients have a single intervention, although this varies across the localities and teams, with 71 per cent of patients in Mid, the majority of which are in Builth Wells (Exhibit 17).
    - The most common single interventions are prevention and management of leg ulcers (31 per cent) and wound management (25 per cent).

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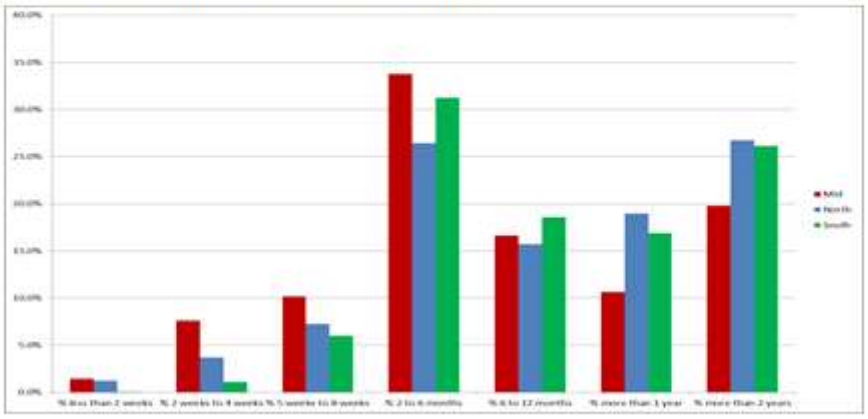
Local caseload management

Exhibit 16: Length of time on the caseload (by locality)



District Nursing audit

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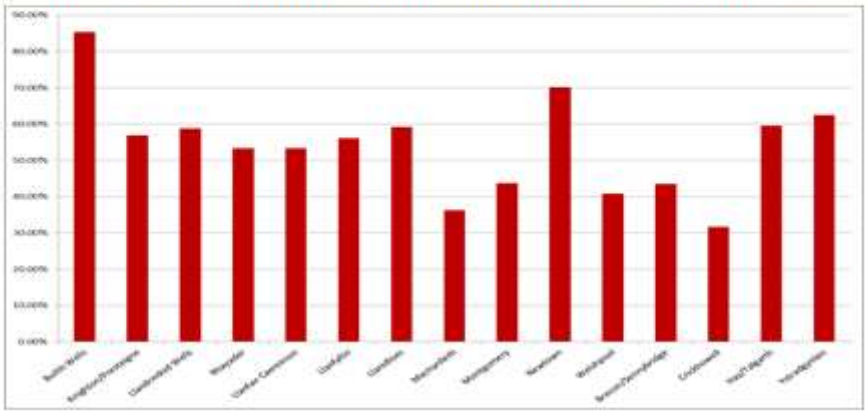
Local caseload management

Exhibit 17: Percentage of patients in receipt of a single intervention (by team)



District Nursing audit

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Co-ordinating care

- District nurses play an active role in care co-ordination, although this varies depending on the range of other services in place. A lack of understanding, particularly by the Builth Wells team, on what other services patients are receiving is a concern
  - Patients receive a range of other services with social services and input from other healthcare professionals the most common.
    - 14 per cent of patients receive care from other community healthcare services, mainly the Community Mental Health Teams and Community Resource Teams.
    - 26 per cent of patients receive advice or care from other healthcare professionals, with more than three-fifths of these patients receiving care from podiatrists and occupational therapists.
    - 8 per cent of patients receive care arranged by 'other' organisations.
    - 30 per cent of the caseload receive care arranged by social services.

District Nursing Review Slide 45

Co-ordinating care

- Of the patients visited weekly or more frequently, staff did not know whether patients receive any other services in five per cent of cases.
- District nursing teams' co-ordinate or case manage services for 59 per cent of their patients who are in receipt of multiple services, although there is variation between teams.
  - The Llandrindod Wells team case manage nearly all patients on the caseload who are in receipt of multiple services, compared with the Hay/Talgarth team who only case manage 13 per cent. (Exhibit 18).
- Staff in the Builth Wells team do not know what other support is being provided to patients and their living arrangements for a significant proportion of their caseload (Exhibit 19).

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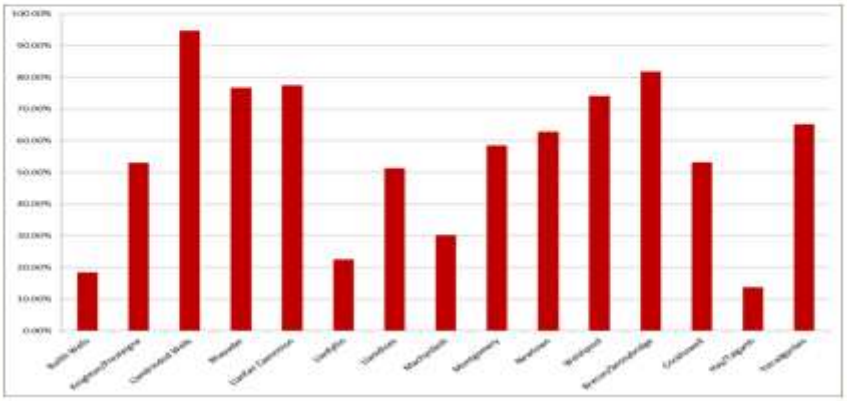
Co-ordinating care

Exhibit 18 – Percentage of patients in receipt of multiple services where the district nurse is the care co-ordinator or case manager (by team)



District Nursing audit

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Co-ordinating care

Exhibit 19 – Percentage of patients where the receipt of other services is not known

Receiving services from…	Percentage of cases not known by the Builth Wells	Percentage of cases not known by all other teams in Powys
Other health board teams	69%	8%
Specialist nurses	65%	9%
Social care	76%	7%
Other organisations	78%	53%

District Nursing audit

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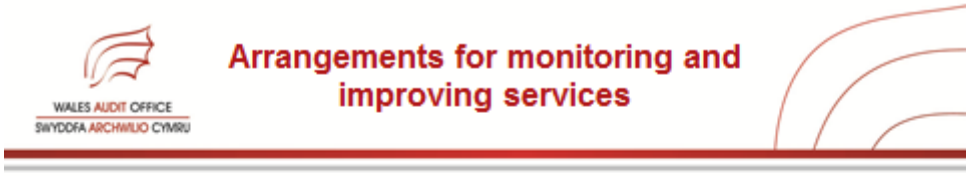
WALES AUDIT OFFICE
SWYDDFA ARCHWILIO CYMRU
Arrangements for monitoring and improving services
The Health Board does not yet have arrangements to systematically assess, report and monitor the performance of district nursing services; it does however play an active role in supporting national developments in district nursing services
District Nursing Review
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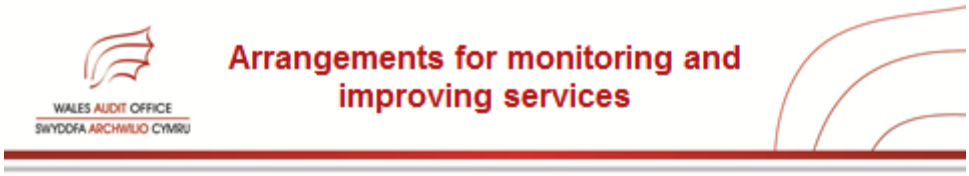
WALES AUDIT OFFICE
SWYDDFA ARCHWILIO CYMRU
Arrangements for monitoring and improving services
• Systems for monitoring and reporting on the performance of the district nursing service are not yet in place, although some aspects of quality and safety are monitored
– There is reference to the monitoring of key performance indicators and patient experience in the Health Board's annual operational plan but monitoring is reliant on a new dashboard and supporting information system, which have only recently been implemented.
– The Health Board routinely reports on a limited number of quality measures, including clinical incidents and complaints, but these indicators are not specific to district nursing.
• District Nursing accounts for 22.8 per cent of all clinical incidents in the health board, although this proportion will compare higher to other health boards given that the Health Board does not have any district general hospitals.
• No complaints were reported relating to district nursing services, which is positive.
District Nursing audit
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Arrangements for monitoring and improving services

- There is no risk register specific to district nursing services, but risks relating to the service are contained within the locality risk registers.
- There is no clinical audit programme specific to district nursing services, although the service has been involved in a number of clinical audits, including a focused review on the 'leg club' provided by district nurses.

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Arrangements for monitoring and improving services

- The Health Board has played an active role in supporting the development of district nursing services across Wales and is developing innovative practice around leg ulcer management, although more could be done to share more localised practice between teams
  - The Director of Nursing, Assistant Director of Nursing and Professional Lead for District Nursing are all key players in the All Wales forums relating to district nurse services.
  - The Health Board is leading the way on the treatment and prevention of leg ulcers, which is currently part of a national research project.
  - The Powys district nurse forum provides opportunity to share local practices between teams although discussions to date would indicate that these opportunities have not been maximised.
    - The WAO feedback session identified that team leaders were generally not aware of how other teams operate across Powys.

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Wales Audit Office
24 Cathedral Road
Cardiff CF11 9LJ

Tel: 029 2032 0500
Fax: 029 2032 0600
Textphone: 029 2032 0660

E-mail: info@wao.gov.uk
Website: www.wao.gov.uk

Swyddfa Archwilio Cymru
24 Heol y Gadeirlan
Caerdydd CF11 9LJ

Ffôn: 029 2032 0500
Ffacs: 029 2032 0600
Ffôn Testun: 029 2032 0660

E-bost: info@wao.gov.uk
Gwefan: www.wao.gov.uk