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Auditor General for Wales



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Review of District Nursing Services

Aneurin Bevan University Health Board

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The team who delivered the work comprised Tracey Davies and Gabrielle Smith.

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Summary report

Summary

1. District nurses are a major provider of care in the community. They play a crucial role within the primary and community health care team, visiting and providing care to patients in the community and their own homes. District nurses also have a role working with patients and their relatives to help them manage their condition and treatment, avoiding unnecessary admission or readmission to hospital.
2. A district nurse's patient caseload can have a wide age range with a considerable mix of health problems, including those who are terminally ill. The largest numbers of patients are the elderly and frail. For the foreseeable future, demand for district nursing services is likely to increase because of the growing elderly population, shorter hospital stays and the move to treat more patients, often with complex care needs, in the community rather than in hospital. Across Aneurin Bevan University Health Board (the Health Board), the number of people aged 65 and over is expected to increase by 55 per cent by 2036¹ while the very elderly, those aged 85 and older, is forecast to increase by 147 per cent.
3. The Welsh Government's chronic conditions management model² and its primary and community care strategy³ signal the need to rebalance services on a whole system basis and to provide more care in community settings. The Welsh Government's vision is for an integrated multidisciplinary team focusing on co-ordinating community services across geographical localities for individuals with complex health and social care needs.
4. Our previous work on chronic conditions⁴ found that:
 - few health boards 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.

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

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

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

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

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5. If these challenges are to be met, delivery of care in the community requires an appropriately co-ordinated, resourced and skilled workforce that is effectively deployed. With increasing demand on services and continuing financial constraints, health boards need to understand how the district nursing service is used and where it fits in the overall development of community services.
 6. During 2013, the Wales Audit Office undertook an audit of the Health Board's district nursing services. The aim of that audit was to determine whether the district nursing service was set up effectively to meet demand for care in the community. Our report, published in April 2014, concluded that there was unexplained variation in resourcing and workload, as well as weaknesses in information systems, making it difficult to assess performance, capacity and demand. The Health Board produced a management response and action plan to address the report's recommendations with work ongoing to implement them by July 2015.
 7. During 2014, the Auditor General for Wales carried out an all-Wales review of district nursing services based upon the collection of detailed information from all health boards. Aneurin Bevan University Health Board participated in this audit in order to update the 2013 audit information and to take advantage of all-Wales comparative data. It also provided an opportunity to assess progress against previous findings. The audit, 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.

Our main findings

8. The main conclusion from the review is that while the Health Board is taking steps to improve the district nursing service as part of wider community service provision, many issues identified previously remain and improvement is too slow. In particular:
 - The Health Board has a clear vision for delivering more care in the community and divisional management arrangements are working well but it has yet to define the remit and community workforce requirements of the district nursing service.
 - Understanding service demand remains a challenge making it difficult to assess whether there are adequate resources to meet need but the Health Board is working to address this.
 - The unexplained variation in the deployment and distribution of resources means that the Health Board still cannot take assurance that staff are effectively deployed and matched to the caseload.
 - The Health Board is taking steps to improve its ability to systematically monitor and report performance and there are a number of forums to support professional and operational communication.

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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 given to senior managers on 19 January 2015. The datasets underpinning the audit findings will be shared with the Health Board.

Part 1 – The Health Board has a clear vision for delivering more care in the community and divisional management arrangements are working well but it has yet to define the remit and community workforce requirements of the district nursing service

The Health Board has a high-level vision for delivering more care in the community and, to support this vision, it is moving towards integrated health and social care services

- The Health Board knows it faces a number of challenges in relation to the ageing population and likely future demand for services while needing to reshape services within the current financial envelope.
- The Health Board's Integrated Medium Term Plan sets out its commitment to providing more care in primary and community care settings but there is insufficient detail about how this commitment will be achieved.
- As part of Clinical Futures, the Health Board intends increasing incrementally the number of patients cared for in the community as part of wider integration while maintaining the focus of district nursing.
- While there are examples of service integration, these vary in definition, practice and delivery.
- The Health Board acknowledges that there are gaps in the information needed to inform the development of fit-for-purpose community nursing services.

The Health Board has yet to define the remit and the workforce requirements of the district nursing service within the new integrated community nursing service

- The Health Board is currently working to identify the shape of community nursing services, including greater integration between the District Nursing Service and Community Resource Teams.
- Progress in updating the District Nursing specification has been slower than anticipated to take account of the need to integrate district nursing and community resource teams.
- The Community Services Division's three-year integrated business plan outlines the operational challenges but it is not underpinned by comprehensive workforce plans.

The divisional structure provides clear managerial and professional lines of accountability to support delivery of the district nursing service and these arrangements are working well

- The District Nursing Service sits within the Community Services Division with management arrangements consistent across the localities.
- Managerial lines of accountability are clear with locality lead nurses responsible for monitoring and reviewing service delivery.
- Despite the absence of one professional lead for district nursing services, arrangements reportedly work well at an operational level.

Part 2 – Understanding service demand remains a challenge making it difficult to assess whether there are adequate resources to meet need but the Health Board is working to address this

There is limited understanding of demand for district nursing services but the Health Board is working to address this

- The Health Board recognises that there is no systematic review of demand and caseloads at an organisational level; current systems are inadequate for their needs and pose a number of risks although there are now plans for an interim health-board-wide solution.
- In the Caerphilly locality, a one-off audit was undertaken to improve understanding of the caseload.
- In common with other health boards in Wales, there is no standardised patient dependency tool currently in use and the Health Board is awaiting the development of a national tool.
- There are examples of collaborative working with other health and social care professionals to identify and inform the needs of the most complex patients on the caseload.

Some localised actions have been taken to improve demand management but health-board-wide demand management needs to improve further

- The Health Board has not yet updated and re-launched its referral criteria because they will form part of the revised district nursing service specification.
- A task and finish group, the Community Informatics Group, has been established to inform and improve demand management information.
- The service has been working in partnership with Neighbourhood Community Networks to gain an understanding of variation in the use of the district nursing service.
- Audit findings show that a greater proportion of district nursing staff consider referral information adequate but some basic information is still missing.
- Some areas are now more proactively managing demand and challenging the referrals received.

It is still difficult to assess whether there is sufficient capacity despite continuing increases in workforce numbers

- Some inconsistencies remain between the various sources of workforce data.
- Since 2011, the district nursing workforce has increased at a greater rate than elsewhere in Wales.
- The number of district nursing staff available for the population of registered patients is less than the Wales average.
- The proportion of community staff nurses in Aneurin Bevan is the highest in Wales compared with other health boards while the proportion of healthcare support workers is one of the lowest.
- Unlike most other district nursing services in Wales, teams generally have administrative support.

Part 2 – Understanding service demand remains a challenge making it difficult to assess whether there are adequate resources to meet need but the Health Board is working to address this

The Health Board invests in formal training for its district nursing service but low compliance with the appraisal process and with some statutory and mandatory training presents corporate and operational risks

- Many staff have not had an appraisal and review of their personal development plan within the last 12 months.
- Compliance with statutory and mandatory training is generally poor with particularly low compliance in areas, such as moving and handling, resuscitation and infection prevention and control.
- The proportion of registered nursing staff holding a specialist practitioner qualification is below the Wales average and the Health Board has secured funding for additional training
- Work is underway by the Health Board to consider how it can deploy healthcare support workers more effectively, as well as developing competency-based training programmes for them.
- Typically, from the evidence gathered during the audit, district nursing staff make use of the skills for which they have received training.

Part 3 - The unexplained variation in the deployment and distribution of resources means that the Health Board still cannot take assurance that staff are effectively deployed and matched to the caseload

Staff spend a higher proportion of their time on direct patient care compared with other health boards but unexplained variation remains in the way that district nursing teams are deployed locally

- The proportion of time spent on direct patient care was the highest in Wales but big differences remain between teams, both within and between localities and across and within grades.
- Overall, travel time for patient-related visits is the same as the Wales average.
- The grade mix of staff deployed across the week appears cost effective with Band 7 staff deployed primarily on weekdays.

Workloads remain unevenly distributed between individual district nursing teams and the Health Board cannot take assurance that district nursing resources match the needs of the caseload

- Workloads, measured as numbers of patients per district nursing staff, vary two to threefold between district nursing teams.
- District nursing staff undertook more than 10,800 patient visits or contacts during the audit week; however, there was lots of variation between teams in relation to the number of patients visited and the time taken to treat them.
- Based on the diary exercise, two-thirds of 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 still cannot take assurance that staff are effectively deployed and matched to the caseload

Although some improvements have been made, audit findings show that more needs to be done to improve caseload management

- Caseloads generally never close but stretch to absorb new patients with the numbers of visits that patients can receive in any one day potentially unlimited.
- Teams now actively 'cleanse' their caseloads on a monthly basis with team managers allocated 'protected' time to scrutinise and manage caseloads.
- Two teams provide care for patients outside the Health Board's boundaries with these teams facing a number of challenges co-ordinating services for these patients.
- Most patients are cared for in their own home although team leaders believe that not all these patients are 'housebound'.
- Staff continue to tell us that patients are not home when they visit.

Part 4 - The Health Board is taking steps to improve its ability to systematically monitor and report performance and there are a number of forums to support professional and operational communication

The Health Board has a plan for addressing its information needs for monitoring and reporting performance, including patient feedback

- The Health Board recognises that its current information systems are inadequate for monitoring and reporting performance, and, in the absence of an all-Wales community information system, the Health Board is developing a bespoke system to address its short to medium-term information needs.
- The Community Services Division integrated business plan identified the development of robust and comprehensive performance management arrangements as a key priority area but planned actions are not due for completion until July 2015.
- The Health Board has indicated that its Community Services Division's revised Quality and Patient Safety framework should support a more structured and consistent approach for assurance but it will need to be tested
- The Health Board is working to address the gaps in feedback from patients in the community.

The Health Board plays an active role in the development of district nursing services across Wales and is working to strengthen community service internal and external communications

- Senior nursing staff contribute to the all-Wales forums related to the district nursing service.
- There is a health-board-wide senior community nursing forum that meets regularly and information from the all Wales and local fora are shared with teams through regular team briefings.
- Previously, health-board-wide team leader meetings took place but stopped because of the travel and time commitments; instead, team leaders meet as a group at a locality level.
- The executive nurse holds quarterly meetings with all team leaders and senior community staff to discuss professional issues while monthly quality and patient safety meetings are held with community team leaders to discuss operational issues.
- District nursing staff, irrespective of grade, can attend one of two forums that meet bi-monthly to discuss district-nursing-specific issues.

Issues to be addressed

- 10.** Our previous district nursing audit report made a number of thematic recommendations. Work is underway within the Health Board to address these recommendations, all of which still apply. The Health Board should ensure that actions to address the recommendations are implemented by the agreed deadline of July 2015 as set out in the action plan.

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;
- are district nursing staff effectively deployed; and
- are there 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 twenty-eight 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 7 th April and April 13 th 2014. The diary captured the amount of time individual nursing staff spent on different types of activity and the number and location of patient contacts. We received 306 completed diaries for the reference week from staff working for the district nursing service, including bank staff, third-year pre-registration students and post-registration students. We estimate that the diary survey captured 94 per cent of the staff scheduled to work during the reference week.
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 that resulted in a face-to-face visit or a telephone call, between 31 st March and 6 th April. 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. Each team completed a questionnaire survey for each new referral. We received 605 completed surveys.
4. Caseload survey	We did not repeat the caseload survey as part of the 2014 audit.

Audit activities	Purpose
<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 and managers at two feedback workshops held in October and November 2014. These workshops 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 and executive directors during January 2015 to share our initial conclusions based on the audit findings.</p>

Appendix 2

Presentation of key findings

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Auditor General for Wales



District Nursing Review

Aneurin Bevan University Health Board



Background 1



- 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 Aneurin Bevan is forecast to increase by 55 per cent by 2036 with the very elderly ie, those aged 85 and over increasing by 147 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 co-ordinated 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

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Background 2



In 2013, we carried out a review of the district nursing service. The aim of the audit was to determine whether the District Nursing service was set up effectively to meet demand for care in the community. We concluded that:

- The district nursing service had unexplained variation in resourcing and workload, as well as weaknesses in information systems, which made it difficult to assess performance, capacity and demand because:
 - some positive steps had been taken to promote a better understanding of district nursing services but the boundaries of the role were not always understood and opportunities to streamline and better integrate care were not being realised;
 - the limited understanding of demand made it difficult to assess whether there was sufficient capacity, and led to significant variation in resourcing and uneven workloads between teams;
 - the Health Board had developed flow charts to improve referrals to district nurses but issues remained with the quality and appropriateness of referrals; and
 - the absence of an information system meant that the Health Board was unable to effectively assess demand and determine its district nursing workforce requirements to inform staff deployment.
- The Health Board continues to address the issues raised in that original audit.

District Nursing Review

Slide 3

Audit question



During 2014 we undertook a review of district nursing services across Wales. The Health Board participated in this audit to update the 2013 audit information and to take advantage of all-Wales comparative data. For the 2014 audit we asked:

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?

Overall conclusion



While the Health Board is taking steps to improve the district nursing service as part of wider community service provision, many issues identified previously remain and improvement is too slow.

Strategic and planning



The Health Board has a clear vision for delivering more care in the community and divisional management arrangements are working well but it has yet to define the remit and community workforce requirements of the district nursing service.

Strategy



The Health Board has a high-level vision for delivering more care in the community and, to support this vision, it is moving towards integrated health and social care services.

- The Health Board knows it faces a number of challenges in relation to the ageing population and likely future demand for services while needing to reshape services within the current financial envelope.
- The Health Board's Integrated Medium Term Plan sets out its commitment to providing more care in primary and community care settings but there is insufficient detail about how this commitment will be achieved.
- As part of Clinical Futures, the Health Board intends increasing incrementally the number of patients cared for in the community as part of wider integration while maintaining the focus of district nursing.
- While there are examples of service integration, these vary in definition, practice and delivery.
- The Health Board acknowledges that there are gaps in the information needed to inform the development of fit-for-purpose community nursing services.

District Nursing Review

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Operational plans



The Health Board has yet to define the remit and the workforce requirements of the district nursing service within the new integrated community nursing service.

- The Health Board is currently working to identify the shape of community nursing services including greater integration between the District Nursing Service and Community Resource Teams:
 - work is underway to determine and clarify the roles and responsibilities of the district nursing service within wider community service provision; and
 - the intention is that district nursing staff and the Community Resource Teams (CRTs) will retain their own 'identities'.
- Progress in updating the District Nursing specification has been slower than anticipated to take account of the need to integrate district nursing and community resource teams:
 - The Health Board has indicated that an interim district nursing service specification will be in place by July 2015. By July 2016, a new service specification for an integrated district and CRT service will have been implemented.
- The Community Services Division's three-year integrated business plan outlines the operational challenges but it is not underpinned by comprehensive workforce plans.
 - the Health Board has yet to set out workforce requirements for district nursing and other community services.

Lines of accountability and management structure



The divisional structure provides clear managerial and professional lines of accountability to support delivery of the district nursing service and these arrangements are working well.

- The District Nursing Service sits within the Community Services Division with management arrangements consistent across the localities.
- Managerial lines of accountability are clear with locality lead nurses responsible for monitoring and reviewing service delivery.
- Despite the absence of one professional lead for district nursing services, arrangements reportedly work well at an operational level:
 - the three locality nurse leads report managerial to the divisional director and professionally to the executive nurse; and
 - operational senior nurse leads say that the arrangements work well.

Resources to meet service demand



Understanding service demand remains a challenge making it difficult to assess whether there are adequate resources to meet need but the Health Board is working to address this.

Understanding demand



There is limited understanding of demand for district nursing services but the Health Board is working to address this

- The Health Board recognises that there is no systematic review of demand and caseloads at an organisational level; current systems are inadequate for their needs and pose a number of risks although there are now plans for an interim health board wide solution:
 - the current information systems are inconsistent and inadequate for supporting systematic caseload reviews; and
 - an Excel-based system for scheduling appointments and sharing information is in use in the Caerphilly locality. the additional functionality and minimise information governance risks.
- In the Caerphilly locality, a one-off audit was undertaken to improve understanding of the caseload.
- In common with other health boards in Wales, there is no standardised patient dependency tool currently in use and the Health Board is awaiting the development and roll out of a national tool.
- There are examples of collaborative working with other health and social care professionals to identify and inform the needs of the most complex patients on the caseload.

Managing demand



Some localised actions have been taken to improve demand management but health-board-wide demand management needs to improve further.

- The Health Board has not yet updated and re-launched its referral criteria as these will form part of the revised district nursing service specification.
- A task and finish group, the Community Informatics Group, has been established to inform and improve demand management information:
 - two different pilots are being run to inform this work.
- The service has been working in partnership with Neighbourhood Community Networks to gain an understanding of variation in the use of the district nursing service.
- Audit findings show that a greater proportion of district nursing staff consider referral information adequate but some basic information is still missing.
- Some teams are now more proactively managing demand and challenging the referrals received.

Managing demand



Findings from the referral survey (i):

At the time of our audit, 605 referrals were received. The number received ranged from two to 58 per team, an average of 22 referrals per team during the reference week.

- Demand for district nursing services, measured by the number of referrals, occurs mainly during the week:
 - Nearly all referrals were received on weekdays with very few (three per cent) received at the weekend. This is a similar pattern to the previous audit findings with most calls received on a Monday. This is despite team leaders' perception that referrals peak on Friday afternoons.
- Much of the demand for district nursing care is driven by referrals from GP practices with a significant proportion of referrals received from patients or their carers. Overall, the source of referrals is similar to the previous audit although the pattern of demand has changed in some areas:
 - for example, within Torfaen demand from hospital wards is now significantly higher than before and higher than other areas.
- Over half (55 per cent) of referrals are for patients already known to district nursing staff, (across Wales the figure ranged from 36 per cent to 76 per cent).

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Managing demand



Findings from the referral survey (ii):

- Just over a third of all referrals were requests for venepuncture with a higher proportion for patients already known to the service. In other health boards, this figure ranged from 25 per cent to 48 per cent.
- Most (91 per cent) referrals were perceived to be appropriate but there were differences between localities; across Wales this figure ranged from 76 per cent to 98 per cent:
 - a small number (four of the 74) of referrals perceived to be inappropriate still resulted in ongoing care after the first visit.
- Just over half (53 per cent) the patients received ongoing care after the first visit:
 - a small proportion (18 per cent) of referrals resulted in a one-off visit; in over a quarter (29 per cent) of cases the need for ongoing care was yet to be decided.
- Around two-thirds of referrals (68 per cent) were considered to provide adequate information, which is an improvement since 2013 when 58 per cent of referral information was considered adequate. Despite the improvement in perceptions, some basic information is still missing. The quality of the information may be hindered because only a small proportion (five per cent) of referrals are in a written format.
- Patients were seen promptly with nearly three-fifths (57 per cent) 'seen' the same day the referral was received.

District Nursing Review

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Managing demand

While much of the demand comes from GP practices, patterns of demand differ across the localities. The pattern of demand in some areas has changed since our previous audit.

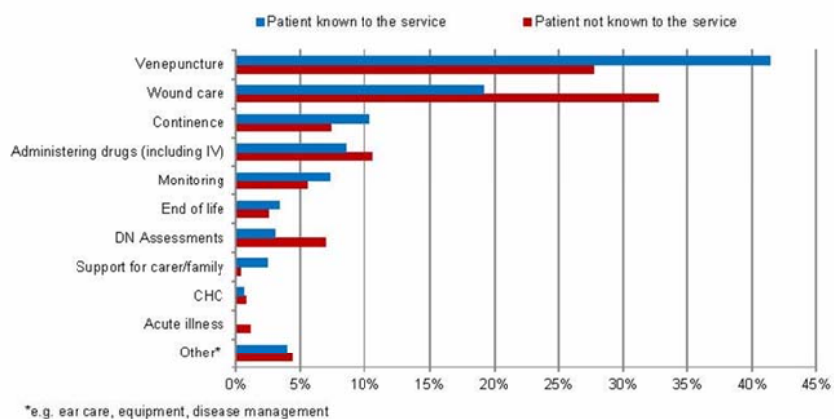
Locality	Proportion (%) of referrals from different sources:							
	GP		Ward staff		Self or family/carer		Other	
	2013	2014	2013	2014	2013	2014	2013	2014
Blaenau Gwent	37	43	40	30	7	22	17	5
Caerphilly	59	58	18	17	16	18	6	7
Monmouthshire	38	39	18	31	24	20	20	10
Newport	35	37	19	14	23	42	22	7
Torfaen	58	41	27	43	15	5	0	11
Aneurin Bevan	44	44	20	22	20	27	15	7

District Nursing Review

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Managing demand

More than a third of all referrals were requests for venepuncture with a higher proportion of these referrals for patients already known to the service.



District Nursing Review

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Managing demand



While a greater proportion of district nursing staff consider referral information to be adequate, some basic information is still missing.

Proportion (%) of referrals that included information on:	2013	2014
the urgency of the referral?	72	78
the medical history or diagnosis?	60	60
whether equipment or dressings would be required?	51	43
whether the patient lives alone?	35	39
how you would gain access to the patient's home?	35	39
whether the patient has a carer?	29	33
whether other health professionals are involved in the patient's care?	23	22
whether social services are involved in the patient's care?	22	17
whether voluntary services are involved in the patient's care?	9	9

District Nursing Review

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Available resources (1)



It is still difficult to assess whether there is sufficient capacity despite continuing increases in workforce numbers

- Some inconsistencies remain between the various sources of workforce data:
 - however we are able to confidently compare workforce trends between 2011 and 2013.
- Since 2011, the district nursing workforce has increased at a greater rate than elsewhere in Wales:
 - The district nursing workforce has increased by 7.8 per cent since 2011. Elsewhere in Wales, there has been a modest increase with workforce numbers relatively unchanged in some health boards and reductions in others.
 - The grade-mix has changed with a fall in the numbers of Band 7s and 6s and a corresponding increase in the number of Band 5s and healthcare support workers.
- The number of district nursing staff available for the population of registered patients is less than the Wales average:
 - in 2014, there were 2.6 WTE district nursing staff per 1,000 registered patients aged 65 and over in Aneurin Bevan compared with 2.8 WTE staff across Wales.

Available resources (2)



Continued

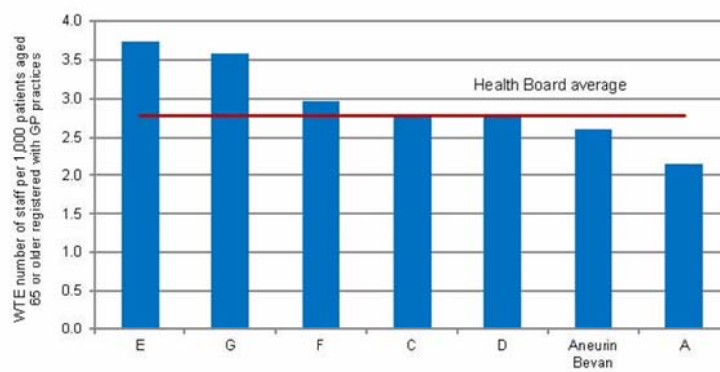
- The proportion of community staff nurses in Aneurin Bevan is the highest in Wales compared with other health boards while the proportion of healthcare support workers is one of the lowest:
 - across the district nursing service, one in ten staff are healthcare support workers but there are marked variations within and between localities.
 - team leaders have the opportunity to reshape the skill mix and many team leaders felt that with increasing patient complexity there was insufficient work for health care support workers.
- Unlike most other district nursing services in Wales, teams generally have administrative support:
 - administrative staff are generally responsible for capturing patient related data needed to inform the 'scheduling tool'.

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Available resources

The number of district nursing staff available for the population of registered patients aged 65 years or over is less than the Wales average.



District Nursing Review

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Available resources

The district nursing workforce is growing but team leaders do not recognise this increase.

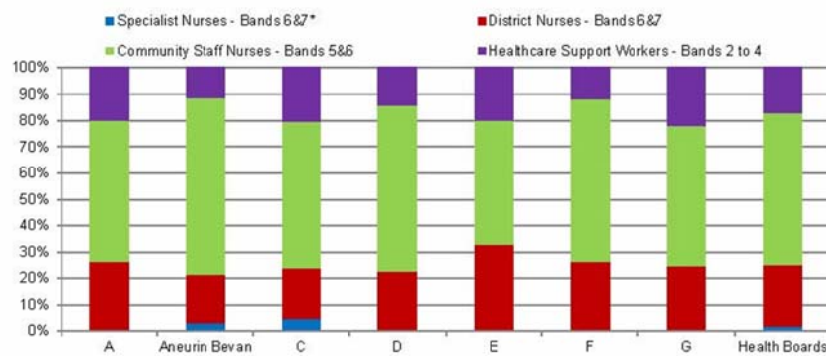
Pay grades	Whole-time equivalent number of staff		Percentage change (%)
	2011	2013	
District Nurse – Band 7	30.1	27.5	-9
District Nurse – Band 6	38.9	33.4	-14
Community staff nurse – Band 5	158.3	179.3	13
Healthcare support worker – Band 4	8.8	11.0	25
Healthcare support worker – Band 3	17.2	21.9	27
Aneurin Bevan	253.2	273.1	8

District Nursing Review

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Available resources

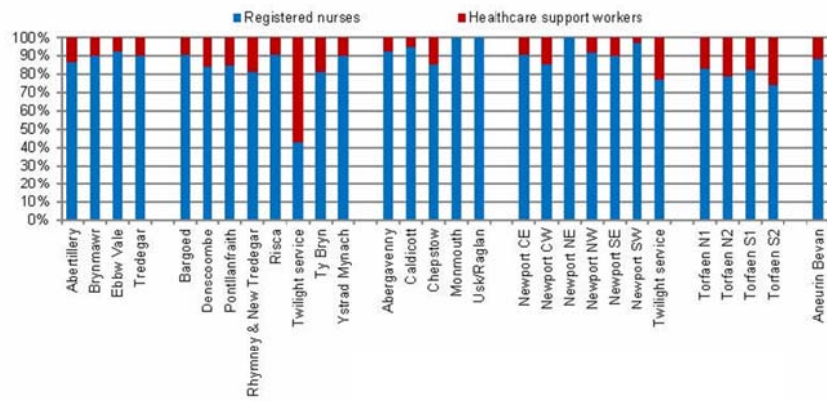
The proportion of community staff nurses in Aneurin Bevan is the highest in Wales compared with other health boards while the proportion of healthcare support workers is one of the lowest.



* Team leaders told us these staff were members of their teams.

Available resources

There are marked variations in the proportion of healthcare support workers within and between localities.



Equipping staff with skills to provide services



The Health Board invests in formal training for its district nursing service but low compliance with the appraisal process and with some statutory and mandatory training presents corporate and operational risks.

- Many staff have not had an appraisal and review of their personal development plan within the last 12 months:
 - more than one-third (37 per cent) of staff have not had an appraisal and review of their personal development plan in the last 12 months.
- Compliance with statutory and mandatory training is generally poor with particularly low compliance in areas, such as moving and handling, resuscitation and infection prevention and control:
 - the Health Board has set out compliance thresholds for statutory and mandatory training but is struggling to meet the thresholds set; and
 - the Health Board is considering how it prioritises statutory and mandated training as part of the appraisal and performance review process.

Equipping staff with skills to provide services



Continued

- The proportion of registered nursing staff holding a specialist practitioner qualification is below the Wales average and the Health Board has secured funding for additional training.
 - just under a quarter of the registered district nursing staff hold an SPQ but there are some big differences between teams (range 0 per cent to 44 per cent); three teams do not have staff that hold an SPQ.
 - eight per cent of the community staff nurses hold an SPQ compared with 6 per cent across Wales (range 3 per cent to 13 per cent)
 - the Health Board has been successful in securing funding to enable posts to be backfilled while staff take up SPQ training and to support rotation across all boroughs for the practical placement.
- Work is underway by the Health Board to consider how healthcare support workers can be deployed more effectively, as well as developing competency-based training programmes for them.
- Typically, from the evidence gathered during the audit, district nursing staff make use of the skills for which they have received training:
 - although staff have access to paid protected time for continuing professional development, five of the 28 teams reported 'never' having access.

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Equipping staff with skills to provide services



Compliance with statutory and mandatory training needs to improve in some areas, such as moving and handling, resuscitation and infection prevention and control.

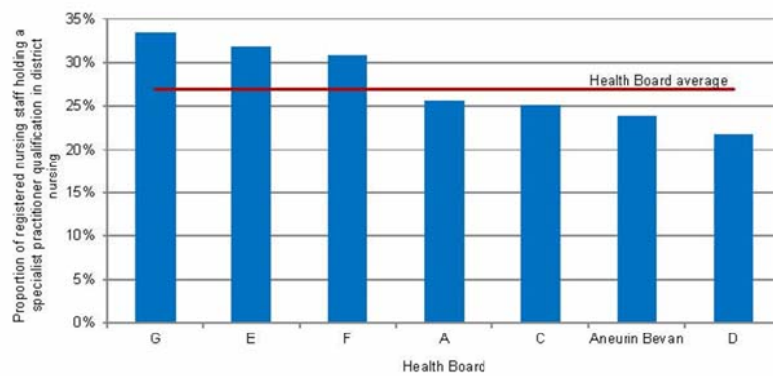
Statutory and mandatory training	Proportion (%) of district nursing staff compliant with training
Fire safety	79
Health safety and welfare	70
Safeguarding adults	69
Infection prevention and control	62
Moving and handling	55
Violence and aggression	55
Resuscitation	54
Information governance	44
Safeguarding children	38
Equality, diversity, human rights	Unknown

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Equipping staff with skills to provide services

The proportion of registered nursing staff holding a specialist practitioner qualification is below the average for Wales.

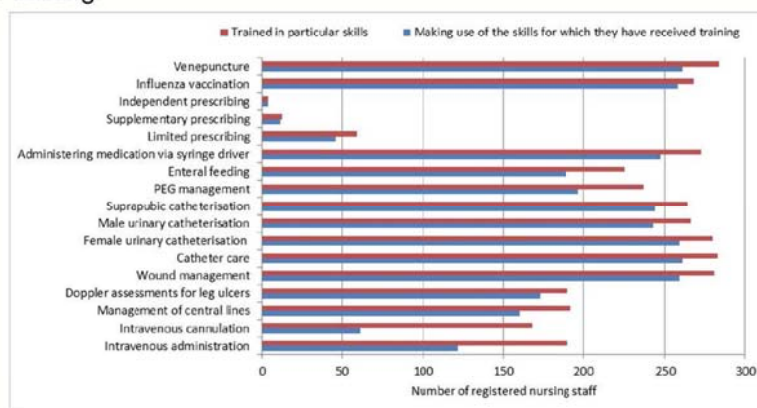


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Equipping staff with skills to provide services

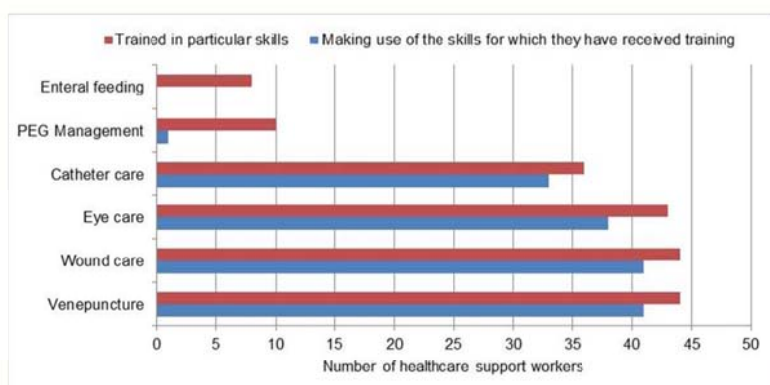
Registered nursing staff are mostly making use of the skills for which they have received training.



Ideally, both bars (blue and red) should match if all staff trained in particular skills were making use of these skills.

Equipping staff with skills to provide services

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



Ideally, both bars (blue and red) should match if all staff trained in particular skills were making use of these skills.

District Nursing Review

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Effective deployment



The unexplained variation in the deployment and distribution of resources means that the Health Board still cannot take assurance that staff are effectively deployed and matched to the caseload.

Effective deployment



Staff spend a higher proportion of their time on direct patient care compared with other health boards but unexplained variation remains in the way that district nursing teams are deployed locally.

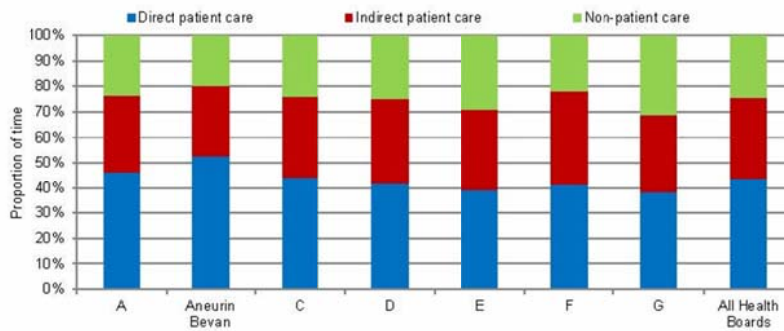
- The proportion of time spent on direct patient care was the highest in Wales but big differences remain between teams both within and between localities and across and within grades:
 - the Health Board's district nursing staff spent 53 per cent of their time on direct patient care compared with 44 per cent across Wales.
 - the proportion of time on direct patient care reduces with increasing seniority.
 - there are big differences in how team leaders and caseload holders spend their time.
 - despite comparably more administrative and clerical staff than other parts of Wales, senior staff spend a high proportion of time on administrative tasks.
- Overall, travel time for patient related visits is the same as the Wales average:
 - travel time accounted for 18 per cent of patient related activity, ranging from 17 per cent to 22 per cent across Wales.
- The grade mix of staff deployed across the week appears cost effective with Band 7 staff deployed primarily on weekdays.

District Nursing Review

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Effective deployment

Direct patient care accounts for 53 per cent of staff time compared with 44 per cent for Wales.



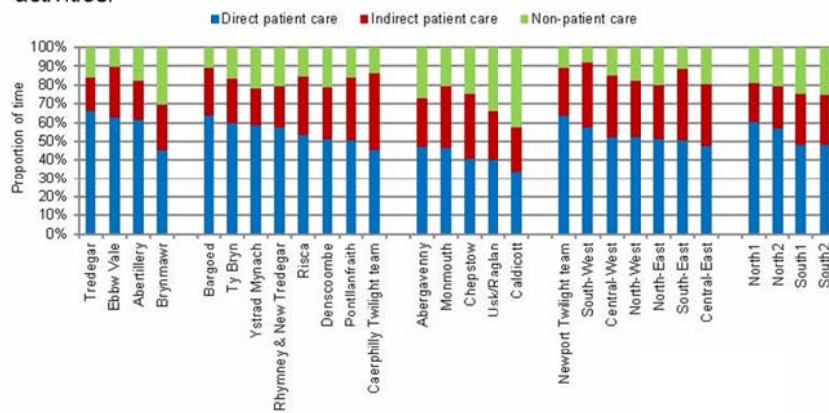
Direct patient care is face-to-face or telephone contact with a patient; Indirect patient care is related to patients' notes, liaison with other agencies, travel related to visiting the patient; Non-patient care is all other activity eg, team management, teaching and learning, admin and professional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

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Effective deployment

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

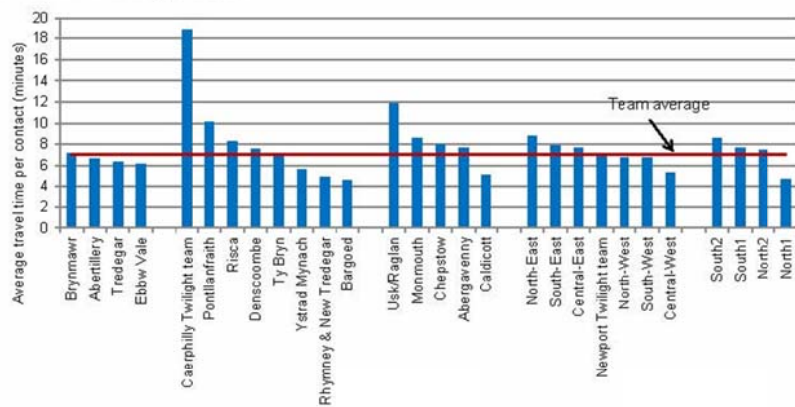


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Effective deployment

Average travelling time per patient contact varied twofold between district nursing teams.



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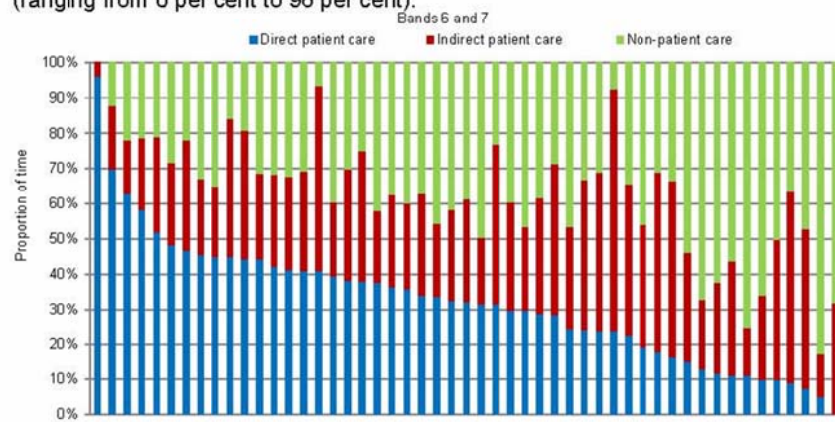
Effective deployment

The proportion of time spent with patients and in non-patient related activity varies by grade. Overall Band 7s now spend less time on direct patient care and more time on non-patient care activities.

Pay bands	Proportion (%) of time spent on:					
	Direct patient care		Indirect patient care		Non-patient care	
	2103	2014	2103	2014	2103	2014
Bands 3 and 4	57.3	58	25.6	26	17.0	16
Band 5	58.2	58	27.9	26	14.0	15
Band 6	39.3	40	31.5	32	29.3	28
Band 7	23.6	20	32.9	30	43.5	50
Aneurin Bevan	52	50	29	32	19	18

Effective deployment

There are big differences in how team leaders and caseload holders spend their time; on average these staff spend a third (31 per cent) of their time on direct patient care (ranging from 0 per cent to 96 per cent).

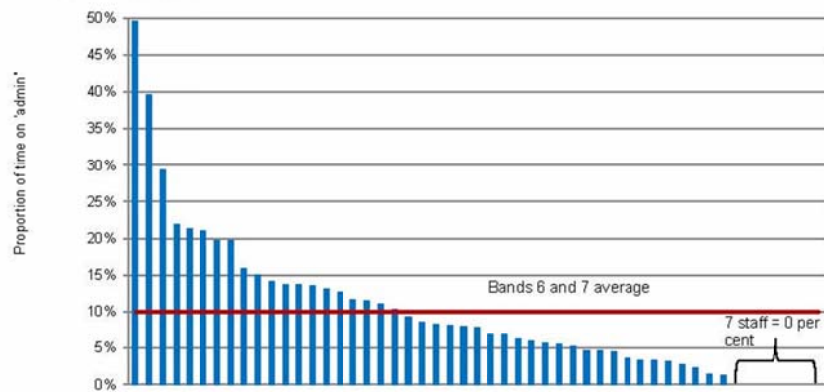


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Effective deployment

Bands 6 and 7 staff spent 12 per cent of their time on 'admin' in 2013 compared with 10 per cent in 2014. However, there is wide variation between individual staff even where teams have administrative support.

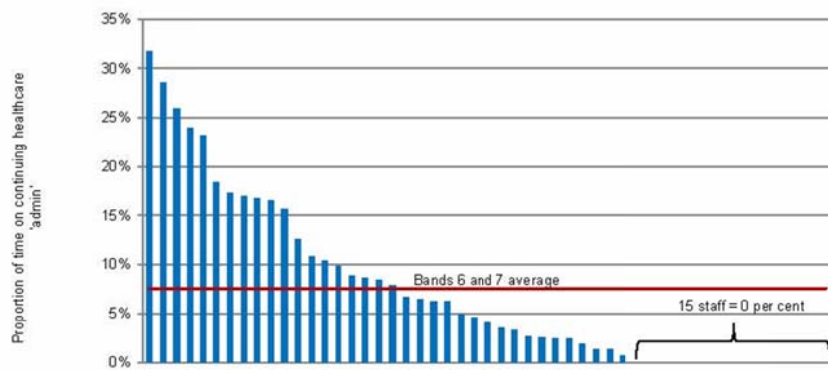


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Effective deployment

Bands 6 and 7 spent seven per cent of their time on CHC 'admin' in 2013 compared with 8 per cent in 2014. For some teams this proportion of time spent was significantly higher, largely in the Newport area.

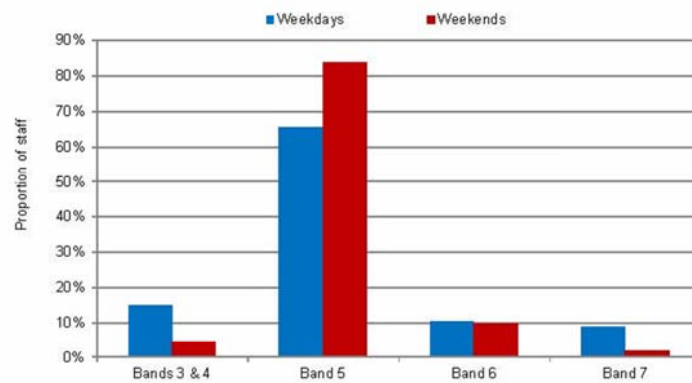


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Effective deployment

The grade mix of staff deployed across the week appears cost effective with Band 7 staff deployed primarily on weekdays.



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Matching resources to the caseload



Workloads remain unevenly distributed between individual district nursing teams and the Health Board cannot take assurance district nursing resources match the needs of the caseload.

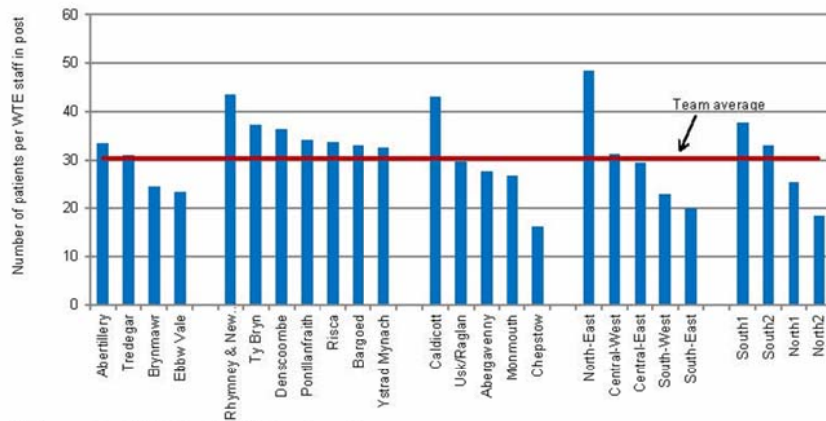
- Workloads, measured as numbers of patients per district nursing staff, vary two to threefold between teams.
- District nursing staff undertook more than 10,800 patient visits or contacts during the audit week; however, there was lots of variation between teams in relation to the number of patients visited and the time taken to treat them:
 - similar to the Wales average, teams undertook 45 contacts per WTE staff but this ranged from 31 to 63 per WTE staff. The average length of each contact was 26.2 minutes per team (range 20 to 35.4 minutes per team). The Wales average was 23 minutes per team; and
 - these variations may reflect differences between teams in relation to patient dependency, short care interventions, distance travelled (so fewer visits) and locations of care (eg, clinics enable potentially more patients to be seen).
- Based on the diary exercise, two-thirds of 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 28 hours in excess of their contracted hours during the audit. Half those working in excess of their contracted hours were employed part time; and
 - the median in excess hours worked was 2.4, the equivalent of an additional 12 WTE staff.

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Effective deployment

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



No data were provided on the size of the current caseload for the Newport North West team.

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Local caseload management



Although some improvements have been made, audit findings show that more needs to be done to improve caseload management

- Caseloads generally never close but stretch to absorb new patients with the numbers of visits to patients in any one day potentially unlimited.
- Teams now actively 'cleanse' their caseloads on a monthly basis with team managers allocated 'protected' time to scrutinise and manage caseloads.
 - For example, patients who have not been visited within one year are removed from the caseload.
- Two teams provide care for patients outside the Health Board's boundaries with these teams facing a number of challenges co-ordinating services for these patients.
- Most patients are cared for in their own home although team leaders believe that not all these patients are 'housebound':
 - more than four-fifths (85 per cent) of patient contacts took place in patients' homes while seven per cent were made by telephone; few (3 per cent) contacts took place in clinics'. Only five teams regularly provided clinics.
- Staff continue to tell us that patients are not home when they visit:
 - The proportion of 'no-access' visits is unchanged from 2013 and accounted for three per cent of all patient contacts (ranging from 0 per cent to 6 per cent across teams). Although these 'no access' visits accounted for less than one per cent of staff time during the audit week, it was the equivalent of 77 hours or an additional 176 patients.

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Arrangements for monitoring and improving services



The Health Board is taking steps to improve its ability to systematically monitor and report performance and there are a number of forums to support professional and operational communication.

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Monitoring and reporting performance



The Health Board has a plan for addressing its information needs for monitoring and reporting performance, including patient feedback.

- The Health Board recognises that its current information systems are inadequate for monitoring and reporting performance and, in the absence of an all-Wales community information system, is developing a bespoke system to address its short to medium-term information needs.
- The Community Services Division integrated business plan identified the development of robust and comprehensive performance management arrangements as a key priority area but planned actions are not due for completion until July 2015.

Monitoring and reporting performance



Continued

- The Health Board has indicated that its Community Services Division's revised Quality and Patient Safety framework should support a more structured and consistent approach for assurance but it will need to be tested.
- The Health Board is working to address the gaps in feedback from patients in the community.
 - in future, the all-Wales 'Fundamentals of Care' audit, recently piloted across district nursing services, will provide some information on quality and safety and patient experience; and
 - the Health Board is adapting its approach for seeking feedback from community hospital patients and applying this approach to the district nursing service with the intention of using this information in its proposed district nursing dashboard.

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Identifying and sharing good practice



The Health Board plays an active role in the development of district nursing services across Wales and is working to strengthen community service internal and external communications.

- Senior nursing staff contribute to the all-Wales forums related to the district nursing service.
- There is a health-board-wide senior community nursing forum that meets regularly and information from the all Wales and local fora are shared with teams through regular team briefings.
- Previously, health-board-wide team-leader meetings took place but stopped because of the travel and time commitments; instead, team leaders meet as a group at a locality level.
- The executive nurse holds quarterly meetings with all team leaders and senior community staff to discuss professional issues while monthly quality and patient safety meetings are held with community team leaders to discuss operational issues.
- District nursing staff, irrespective of grade, can attend one of two forums that meet bi-monthly to discuss district nursing specific issues.

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