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Review of District Nursing Services

Hywel Dda University Health Board

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

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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 Hywel Dda University Health Board (the Health Board), the number of people aged 65 and over is expected to increase by 48 per cent by 2036[1] while the very elderly, those aged 85 and older, is forecast to increase by 148 per cent.

3. The Welsh Government's chronic conditions management model[2] and its primary and community care strategy[3], 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 coordinating 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 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

5. If these challenges are to be met, delivery of care in the community requires an appropriately coordinated, 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. Our 2012 *Transforming unscheduled care and chronic conditions management* report found that the Health Board had made significant progress in establishing community resource teams, other community teams and services to support people in the community and to prevent unnecessary use of hospitals. The Health Board, as part of a planned approach, was moving to integrate services within the three counties but each county was at a different stage of development. At that time, however, we found that there was still a traditional approach to district nursing services, particularly in Ceredigion.

7. The 2014 district nursing audit did not include a review of progress against wider community service provision but we are aware that the Health Board continues to take forward its plans: for example, the recent launch of the modernisation programme for health and social care community services in Ceredigion. Community Resource Teams will work together to ensure local people receive a multi-professional assessment of their needs in order to keep them independent, using a rehabilitative approach.

8. Currently, the district nursing service in Hywel Dda University Health Board is comprised of 175 (whole-time equivalent) nursing staff. These staff make up approximately three-fifths of the nursing workforce deployed in community services[5]. District nursing staff are organised into 32 teams across seven localities with individual teams each caring for on average 280 patients. The teams generally operate between 8am and 6pm with the Acute Response Teams (ART) in each county providing care outside these hours for patients on the caseload.

9. The Auditor General has carried out an all-Wales review of district nursing services based upon the collection of detailed information from all health boards. The review, carried out between March 2014 and August 2014, sought to answer the question: 'Is the Health Board planning and utilising its district nursing resources effectively as part of its wider approach to delivering care in the community?'
Appendix 1 sets out our audit approach.

Our main findings

10. The main conclusion from the review is that the Health Board does not have a clear strategy for its district nursing service and planning and delivery is complicated by a limited understanding of demand, an unexplained variation in deployment and a lack of systematic monitoring of quality and performance. In particular:

[5] This figure excludes nursing staff working in primary care, mental health, learning disability and children's services. It includes the wider community nursing workforce deployed in the acute response teams, community resources teams and teams of chronic condition nurse practitioners and specialist nurses eg, Macmillan nurses.

- the Health Board does not yet have a clear strategy or supporting operational plans for delivering its district nursing service and there needs to be stronger oversight at a corporate level for delivering service objectives;
- limited understanding of demand and poor compliance with appraisal and statutory and mandatory training makes it is difficult for the Health Board to assess whether workforce numbers and skills are sufficient to meet service need;
- although district nursing staff have a greater role in co-ordinating services for patients, it is unclear whether they are effectively deployed because of unexplained variation in how they spend their time and the uneven distribution of resources; and
- the Health Board is currently unable to systematically assess, monitor and report on the performance, quality and safety of its district nursing service.

11. 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 given to executive directors and senior managers on 29 September 2014. The datasets underpinning the audit findings will be shared with the Health Board.

Part 1 – The Health Board does not yet have a clear strategy or supporting operational plans for delivering its district nursing service and there needs to be stronger oversight at a corporate level for delivering service objectives

The Health Board has a clear vision for shifting care into the community but how this will be achieved has yet to be set out:

- The Health Board is currently working to identify the shape of community services, which includes the role of district nursing in wider service provision.
- The Health Board knows it faces a number of challenges in relation to the ageing population and likely future demand on services while needing to reshape services within the current financial envelope.
- There are gaps in the information needed to inform the development of fit-for-purpose community services.

In the absence of a community service strategy, an operational plan and service specification for district nursing are not in place:

- The Health Board has not clearly articulated the role of the district nursing service.
- The Health Board has yet to set out workforce requirements for the district nursing service but its overall workforce planning process assumes that current capacity is right.

The county structure provides clear managerial and professional lines of accountability but there needs to be stronger oversight at a corporate level for delivering service objectives:

- Managerial lines of accountability are clear within counties.
- Until recently, each county worked in isolation, leading to variation in the way that district nursing services were delivered.
- The Health Board recognises that each county operates in isolation professionally and is working to address this.

Part 2 – Limited understanding of demand and poor compliance with appraisal and statutory and mandatory training makes it difficult for the Health Board to assess whether workforce numbers and skills are sufficient to meet service need

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

- There is no systematic review of caseloads at a health board level and the counties are at different stages of understanding in relation to patient numbers and casemix.
- 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.

Demand for district nursing services needs to be better managed:

- Compliance with the referral criteria for district nursing services has not been assessed, which may account for inconsistencies in their application.
- Inappropriate referrals are not always redirected, with a small number of inappropriate referrals resulting in ongoing care after the first visit.
- District nursing staff consider referral information adequate despite gaps in basic information with some teams more accepting than others about the adequacy of the information. This was a common finding across Wales.

It is not clear whether the Health Board has the right number of district nursing staff to meet demand:

- The number of district nursing staff available for the population of registered patients compares favourably with the average for Wales.
- The Health Board's workforce planning process assumes that the current capacity is right and that workforce expansion is about expanding the skills base and not numbers of staff; however, the number and skill mix of district nursing staff have not been reviewed at a health board level to see if these meet current or future demand.
- There has been a small increase in the district nursing workforce since 2009, which reflects one county's success in securing funding to deploy staff to support patients with complex care needs.
- Grade mix across the district nursing workforce has changed over the last five years, although this is not explicitly linked to a workforce plan. The number of Band 7 district nursing staff has reduced while the number of Band 5 community staff nurses has increased.
- Despite small increases in the number of healthcare support workers in recent years, the proportion of healthcare support workers is one of the lowest in Wales with marked variations within and between counties.
- Expenditure on pay for permanent district nursing staff shows modest increases over the last five years, while pay costs for temporary staffing nearly doubled to cover sickness absences.

Part 2 – Limited understanding of demand and poor compliance with appraisal and statutory and mandatory training makes it difficult for the Health Board to assess whether workforce numbers and skills are sufficient to meet service need

The Health Board is actively investing in formal training for district nursing staff but poor compliance with the appraisal and performance review process undermines its ability to identify gaps in skills. Meanwhile, low levels of compliance with some statutory and mandatory training present corporate and operational risks:

- Training needs are determined locally and rely in part on the appraisal process but not all staff have had an appraisal and review of their personal development plan within the last 12 months and appraisal data held centrally are incomplete.
- Compliance with statutory and mandatory training is poor for some aspects of training and compliance data held centrally are incomplete.
- Although the Health Board encourages clinical supervision for nursing staff, not all district nursing teams have a system in place.
- Workload pressures are making it difficult for all staff to access paid protected time for continuing professional development.
- Typically, from the evidence gathered during the audit, district nursing staff are making use of the skills for which they have received training.
- The Health Board continues to invest in district nurse training and this is reflected in the higher proportion of staff with a specialist practitioner qualification.

Part 3 – Although district nursing staff have a greater role in co-ordinating services for patients, it is unclear whether they are effectively deployed because of unexplained variation in how they spend their time and the uneven distribution of resources

There is unexplained variation in the way district nursing teams are deployed:

- The proportion of time spent on direct patient care compares less favourably than many other parts of Wales.
- There are big differences in the proportion of time spent on direct patient care between teams both within and between counties.
- Overall, travel time accounts for a small proportion of patient-related activity but the average time spent travelling per patient contact varies two to threefold between teams.
- The proportion of time that staff spend with patients and in non-patient-related activity varies across and within grades, although there does not appear to be a clear rationale for this variation.
- There is a more expensive grade mix deployed at the weekend.

Staff are unevenly distributed across the caseloads and the Health Board cannot take assurance that district nursing resources match the needs of the caseload:

- Workload, measured as numbers of patients per district nurse, varied threefold between district nursing teams and it is unclear whether the variation reflects patient need or historical staffing allocations.
- District nursing staff undertook more than 7,600 patient visits or contacts during the audit week but there was lots of unexplained variation between teams in relation to the number of patients visited and the time taken to treat them.
- Over half the district nursing staff worked in excess of their contracted hours.

Part 3 – Although district nursing staff have a greater role in co-ordinating services for patients, it is unclear whether they are effectively deployed because of unexplained variation in how they spend their time and the uneven distribution of resources

Caseload holders told us that they actively manage their caseload but our audit findings show that the Health Board could do more 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.
- Some teams are providing care to patients outside the Health Board's boundaries with these teams facing a number of challenges when coordinating care for these patients, such as keeping up to date about what health and social care services are available and respective eligibility criteria.
- Some patients remain on the caseload for a long time and some of these patients receive only annual visits.
- Most patients are cared for in their own home but not all patients are 'housebound'.
- More than half the patients on the caseload receive just one care intervention, typically for venepuncture, although there are some differences between counties in the types of care delivered.

District nursing staff have a greater role in coordinating the multiple healthcare services that patients receive in the community compared to some areas in Wales:

- Many patients are receiving multiple healthcare services in the community with district nursing teams coordinating or case managing the majority of this care.
- There are no formal systems in place to share information about patients between the different teams and service providers with staff relying on good but informal communication links.

Part 4 – The Health Board is currently unable to systematically assess, monitor and report on the performance, quality and safety of its district nursing service

Systems for monitoring and reporting on the performance of the district nursing service are inadequate:

- Systems for capturing and reporting on activity are inconsistent between counties with little clarity about how the information captured is used to inform planning or improvements.
- Performance measures or indicators have yet to be agreed in relation to the quality and safety of the district nursing service although work to agree performance measures has started; in the future, the all-Wales 'Fundamentals of Care' audit, soon to be rolled out to district nursing services, will provide some information.
- Mechanisms to capture the patient or user experience are currently underdeveloped with reliance placed on monitoring complaints and incidents.
- There is no evidence that the Board or its committees have discussed the performance of the district nursing service over the last few years.

Part 4 – The Health Board is currently unable to systematically assess, monitor and report on the performance, quality and safety of its district nursing service

The Health Board plays an active role in the development of district nursing services across Wales and is working to improve the way information, including good practice, is shared within and between counties:

- Senior nursing staff actively contribute to the all-Wales forums related to the district nursing service but there are no clear mechanisms for dissemination of this information to local teams.
- Work is currently underway to develop mechanisms to share operational and professional issues, including good practice, within and between counties.

Recommendations

Strategy and planning

R1 The role of the district nursing service needs to be clearly articulated. Drawing on the findings from this review, the Health Board should work with district nursing staff and other key stakeholders to agree the role and responsibilities of the district nursing service within the wider provision of community nursing services by:

- agreeing where care will be provided and defining 'housebound' so that patients are treated in the most appropriate care setting for their needs, while ensuring service efficiency;
- agreeing what care or services will or will not be provided, such as prescription collections;
- raising awareness with potential referrers about what the district nursing service can offer;
- publicising the purpose of the district nursing service with potential users; and
- considering whether there are opportunities to integrate the separate community nursing teams into one team.

Resources to meet demand

R2 The district nursing caseload stretches to accommodate new patients and the number of visits is potentially unlimited. The Health Board, working with its district nursing teams, should:

- agree a threshold at which point the caseload might be closed to new referrals;
- develop escalation procedures when the threshold is likely to be breached; and
- consider whether care delivered to patients seen infrequently is needed or whether these patients can be safely discharged from the caseload or their care provided by other professionals.

Resources to meet demand

R3 Not all referrals to the district nursing service are appropriate and the quality of referral information is sometimes poor. The Health Board should:

- use the learning from the pilot referral triage system in Llanelli to update its referral criteria;
- communicate the updated referral criteria to potential referrers;
- develop a clear checklist of information required from referrers;
- regularly audit compliance with the criteria and checklist of information and target those who refer inappropriately or provide poor information; and
- if the referral triage system being piloted in Llanelli is successful, consider whether it can be replicated elsewhere.

Effective deployment

R4 There were big differences in how district nursing staff spend their working day. To support effective deployment of its district nursing resource, the Health Board needs to:

- monitor grade mix by comparing the work done with activities expected by the grade of nurse;
- examine the variation in non-patient activity and consider whether there are opportunities to free up time for direct patient care;
- agree an appropriate threshold against which to monitor the time spent on direct patient care;
- review the mix of staff deployed against patient needs at different times of the week;
- explore the true extent of excess hours working; and
- examine the differences between counties in the types of care interventions, such as venepuncture, to determine whether existing resources could be used differently.

R5 There were big differences in how team leaders spent their time. The Health Board should agree mechanisms to allow team leaders protected time from operational duties to proactively manage caseloads, supervise and support staff, and lead their teams.

Matching resources to the caseload

R6 Workload varies between teams. The Health Board should use the all-Wales dependency tool when it becomes available to monitor and review the casemix between teams compared with team resources.

Monitoring and improving services	
R7	There is currently limited information about the quality and safety and overall performance of the district nursing service. The Health Board should: • rapidly progress its work to agree performance measures, including information on the quality and safety of the services, such as compliance with appraisals and statutory and mandatory training, service user experience, patient outcomes, service costs and the contribution of district nursing in shifting care from acute to community settings; and • develop a comprehensive approach of reporting these measures to the Board at least annually.
R8	Compliance with both the appraisal and the personal development plan review process and statutory and mandatory training is poor and corporate systems to monitor compliance are inadequate. The Health Board should: • work with local managers to consistently identify and record the statutory and mandatory training each member of staff needs and its required frequency so that compliance rates can be calculated accurately; and • agree a consistent format for collecting data locally on compliance and the mechanism to feed this information in centrally.

Appendix 1

Audit approach

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

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

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

Audit activities	Purpose
1. Team survey	We asked individual team leaders to complete a short questionnaire survey about their respective teams. The survey sought information on workforce numbers, types of care activities staff were trained to deliver and whether these skills were being utilised, numbers of staff with specialist practitioner qualifications, participation in clinical supervision, and protected time for training. We received 36 completed surveys, 32 from district nursing teams, three from the ARTs and one from the Carmarthenshire Continuing Care Team.
2. Individual workload diary	We asked all nursing staff, working as a part of a district nursing team or an ART 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 289 completed diaries for the reference week from staff working as members of staff for the district nursing service, the ARTs and the Carmarthenshire Continuing Care Team. These staff included bank staff, third-year pre-registration students and post-registration students. The diary survey captured 91 per cent of the staff scheduled to work during the reference week.

Audit activities	Purpose
3. Prospective survey of referrals to the service	We asked district nursing teams and the ARTs 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 1,429 completed surveys (including 100 for the ARTs).
4. Caseload survey	The Health Board selected two district nursing teams from each of the seven localities to take part in the caseload review. The three ARTs also took part in the caseload review. 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 11 May 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 receive care or support from other community health care services, specialist nurses, social services and unpaid carers. We received 3,370 completed surveys (including 118 responses for the ARTs), which represented 36 per cent of the total caseload at that time.
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. The Health Board completed one survey for each county.
6. Workshops with team leaders and managers	We shared the findings from the data collection exercises with team leaders and managers from the three counties at two feedback workshops held in August and September. These workshops provided an opportunity for team leaders to comment on the validity of the findings.

Audit activities	Purpose
7. Workshop with senior nurse management team and executive directors	We met with senior managers and executive directors at the end of September to share our initial conclusions based on the audit findings.

Appendix 2

Presentation of key findings

The data presented in this appendix is for the district nursing service. We shared the survey findings for the ARTs and the Carmarthenshire Continuing Healthcare Team with the Health Board as part of our initial feedback during August and September 2014.

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Background

- District nurses are a major provider of healthcare delivered in patients' homes.
- The demand for district nursing services is likely to rise:
  - two-thirds of the population of Wales aged 65 or older report having at least one chronic condition, while one-third have multiple chronic conditions; and
  - people are living longer and the number of people aged 65 and over in Hywel Dda is forecast to increase by 48 per cent by 2036 with the very elderly ie, those aged 85 and over increasing by 148 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 coordination; and
  - community services could be better coordinated as many services, including district nursing, provide the same or similar service for the same cohort of patients.
- Delivery of care closer to home requires an appropriately resourced and skilled community workforce that is effectively deployed.
- With increasing demand and continuing financial constraints, health boards need to understand how the district nursing service is used and where it fits in the overall development of community services.

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Audit question

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

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

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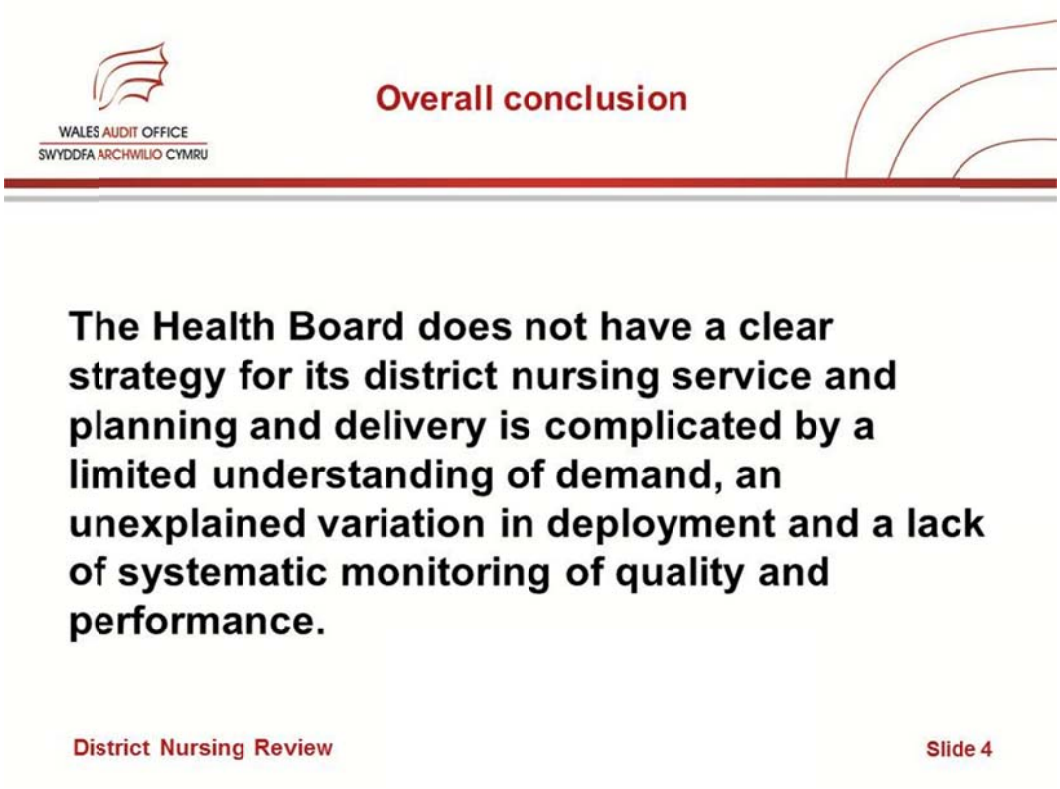
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Overall conclusion
The Health Board does not have a clear strategy for its district nursing service and planning and delivery is complicated by a limited understanding of demand, an unexplained variation in deployment and a lack of systematic monitoring of quality and performance.
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Sub-conclusions
1. Strategy and planning: The Health Board does not yet have a clear strategy or supporting operational plans for delivering its district nursing service and there needs to be stronger oversight at a corporate level for delivering service objectives.
2. Resources to meet demand: Limited understanding of demand and poor compliance with appraisal and statutory and mandatory training makes it difficult for the Health Board to assess whether workforce numbers and skills are sufficient to meet service need.
3. Effective deployment: Although district nursing staff have a greater role in co-ordinating services for patients, it is unclear whether they are effectively deployed because of unexplained variation in how they spend their time and the uneven distribution of resources.
4. Arrangements to monitor and improve services: The Health Board is currently unable to systematically assess, monitor and report on the performance, quality and safety of its district nursing service.
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Strategy and planning
The Health Board does not yet have a clear strategy or supporting operational plans for delivering its district nursing service and there needs to be stronger oversight at a corporate level for delivering service objectives.
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Strategy
a. The Health Board has a clear vision for shifting care into the community but how this will be achieved has yet to be set out:
• The Health Board is currently working to identify the shape of community services, which includes the role of district nursing in wider service provision:
– the Health Board has established a task and finish group comprised of key stakeholders to progress this work, which will be informed by the development of performance measures for community services, including district nursing.
• The Health Board knows it faces a number of challenges in relation to the ageing population and likely future demand on services while needing to reshape services within the current financial envelope.
• There are gaps in the information needed to inform the development of fit-for-purpose community services.
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Operational plans
b. In the absence of a community service strategy, an operational plan and service specification for district nursing are not in place:
• The Health Board has not clearly articulated the role of the district nursing service:
– a health board wide district nursing service specification is being developed; and
– the criteria for referral to district nursing services are out of date and not actively used.
• The Health Board has yet to set out workforce requirements for the district nursing service but its overall workforce planning process assumes that current capacity is right.
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Lines of accountability
c. The county structure provides clear managerial and professional lines of accountability but there needs to be stronger oversight at a corporate level for delivering service objectives:
• Managerial lines of accountability are clear within counties.
• Until recently, each county worked in isolation, leading to variation in the way that district nursing services were delivered:
– work is underway to ensure greater cohesion of community services across the Health Board.
• The Health Board recognises that each county operates in isolation professionally and is working to address this.
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Resources to meet demand
Limited understanding of demand and poor compliance with appraisal and statutory and mandatory training makes it is difficult for the Health Board to assess whether workforce numbers and skills are sufficient to meet service need.
District Nursing Review
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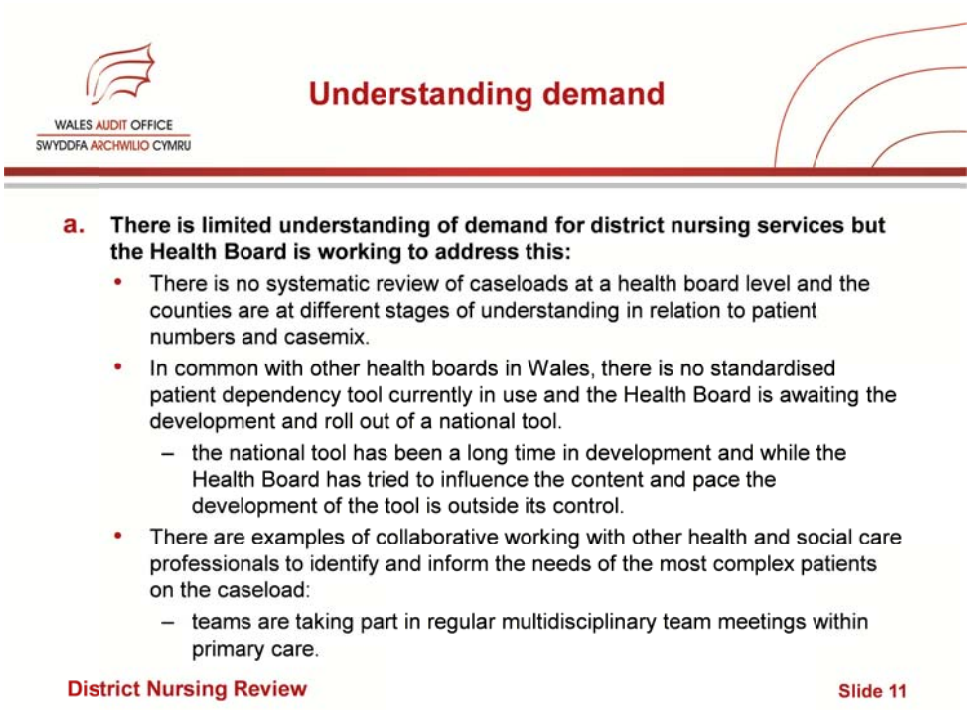
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Understanding demand
a. There is limited understanding of demand for district nursing services but the Health Board is working to address this:
• There is no systematic review of caseloads at a health board level and the counties are at different stages of understanding in relation to patient numbers and casemix.
• 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.
– the national tool has been a long time in development and while the Health Board has tried to influence the content and pace the development of the tool is outside its control.
• 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:
– teams are taking part in regular multidisciplinary team meetings within primary care.
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Understanding demand

Findings from the district nursing caseload survey:

- At the time of our audit, there were 3,252 'active' patients on the 14 caseloads selected for review (active patients were those patients visited by the district nursing team in the six months prior to the review and for whom another visit was planned):
  - 86 per cent of patients were aged 65 years and over – 38 per cent were aged 85 or older;
  - seven per cent of patients had nursing needs outside core hours and these needs were met by the Acute Response Team;
  - 35 per cent of patients lived alone;
  - 55 per cent of patients received support from an unpaid carer;
  - 75 per cent of patients were considered to be 'housebound' (housebound patients were those individuals whose medical and/or psychological condition would deteriorate adversely if they left their own home environment);
  - 96 per cent of patients received a single-handed visit in their own home;
  - seven per cent of patients had been on the caseload for less than two weeks compared with 27 per cent who had been on the caseload for more than one year; and
  - six per cent of patients received a daily or more frequent visit with 33 per cent receiving a visit one or more times a week, 41 per cent receiving a visit between one and six months and six per cent receiving annual visits.

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Managing demand

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

- Compliance with the referral criteria has not been assessed, which may account for inconsistencies in their application:
  - referrals were received for wheelchair assessments and podiatry and nursing staff reported that they were collecting patient prescriptions.
- Inappropriate referrals are not always redirected with a small number of inappropriate referrals resulting in ongoing care after the first visit:
  - staff told us that they continue to visit patients because there are no alternative services to which they can redirect these patients; and
  - the Llanelli teams are piloting a system to triage all referrals received to reduce the number of inappropriate referrals, improve the quality of the referral information and signpost referrers to appropriate services.
- District nursing staff considered referral information adequate despite gaps in basic information; some teams are more accepting than others about the adequacy of the information. This was a common finding across Wales.

District Nursing Review Slide 13

Managing demand

Findings from the referral survey (i):

At the time of our audit, 1,329 referrals were received, an average of 41 referrals per team during the reference week (ranging from five to 96 per team):

- Demand for district nursing services, measured by the number of referrals, occurs mainly during the week:
  - nearly all referrals were received on weekdays with very few (two per cent) received at the weekend.
- Much of the demand for district nursing care is driven by referrals from GP practices but similar proportions of referrals are received from patients or their carers:
  - Practice attachment and co-location are seen as the reason for the higher proportion of primary care referrals in Ceredigion.
  - Referrals from patients and carers may reflect first-hand experience of the district nursing service. Staff told us that patients were often advised by the primary care team to contact the 'district nurse'.
- Two-thirds (65 per cent) of referrals are for patients already known to district nursing staff.
- More than half of all referrals were requests for venepuncture with a higher proportion of these referrals for patients already known to the service.

District Nursing Review Slide 14

Managing demand

Findings from the referral survey (ii):

- The vast majority of referrals were perceived to be appropriate but there were some differences between teams:
  - 94 per cent of referrals were perceived to be appropriate but this varied across teams from 75 per cent to 100 per cent; and
  - a small number of referrals perceived to be inappropriate still resulted in ongoing care after the first visit (18 of the 71 inappropriate referrals).
- Three-fifths (61 per cent) of patients received ongoing care after the first visit:
  - A small proportion (15 per cent) of referrals resulted in a one-off visit; in a quarter (23 per cent) of cases the need for ongoing care was yet to be decided.
- More than two-thirds of referrals (70 per cent) were considered to provide adequate information but some basic information was missing. The quality of the information may be hindered because only a small proportion (12 per cent) of referrals are in a written format or managed through a central point of access.
- Patients are being seen promptly with three-fifths (60 per cent) 'seen' the same day the referral was received.

District Nursing Review Slide 15

WALES AUDIT OFFICE
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Managing demand

One-third of the referrals were received from GPs with a similar proportion received from patients or their carers.

County	GP and practice nurse	Hospital ward	A&E[1]	Self-referral	Carer	Social services	Other[2]
Carmarthenshire	30%	11%	<0.5%	21%	14%	1%	23%
Ceredigion	44%	12%	<0.5%	15%	15%	3%	11%
Pembrokeshire	34%	28%	1%	10%	16%	3%	9%
Hywel Dda	**34%**	**13%**	**<0.5%**	**18%**	**15%**	**2%**	**19%**

[1] These low figures may be a reflection of the impact of the ART and the MAST team in Pembrokeshire in preventing hospital admissions at the front door.

[2] These referrals were from other DN teams and ART, specialist nurses and paramedics via the community resource team; the biggest proportion received from other sources were from anticoagulant/warfarin clinics.

District Nursing Review — Slide 16

WALES AUDIT OFFICE
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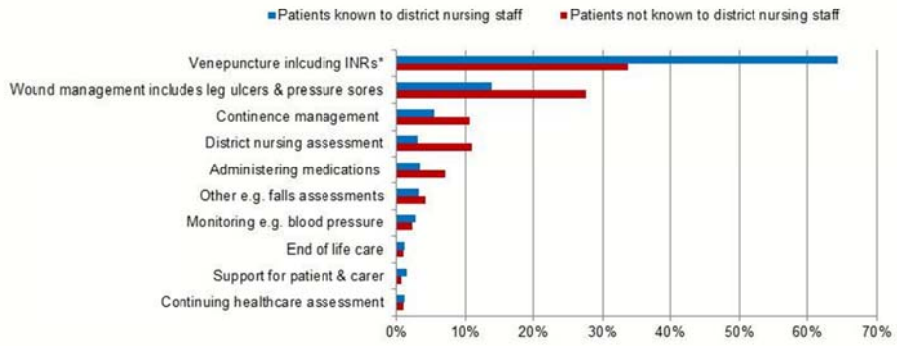
Managing demand

More than half the referrals were requests for venepuncture with a higher proportion for patients already known to the service.



* There were 33 referrals specifically for INRs from patients already known to the service; 31 of these referrals were made by the patients or their family.

District Nursing Review — Slide 17

WALES AUDIT OFFICE
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Managing demand

District nursing staff generally consider referral information to be adequate but some basic information is missing.

Proportion of referrals that included information on:	
the urgency of the referral?	83%
the medical history or diagnosis?	51%
whether the patient lives alone?	34%
whether equipment or dressings would be required?	32%
whether the patient has a carer?	27%
how you would gain access to the patient's home?	24%
whether other health professionals are involved in the patient's care?	23%
whether social services are involved in the patient's care?	14%
whether voluntary services are involved in the patent's care?	7%

District Nursing Review — Slide 18

WALES AUDIT OFFICE
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Available resources

c. **It is not clear whether the Health Board has the right number of district nursing staff to meet demand:**

- The number of district nursing staff available for the population of registered patients compares favourably with the average for Wales:
  - there are three WTE district nursing staff per 1,000 registered patients aged 65 and over in Hywel Dda compared with 2.8 WTE staff across Wales.
- The Health Board's workforce planning process assumes that current capacity is right and that expansion is about expanding the skills base and not numbers of staff; however, the number and skill mix of district nursing staff have not been reviewed at a health board level to see if these match current and future demand.
- There has been a small increase in the district nursing workforce since 2009, which reflects one county's success in securing funding to deploy staff to support patients with complex care needs.
- Grade mix across the district nursing service has changed over the last five years, although this is not explicitly linked to a workforce plan. The number of Band 7 district nursing staff has reduced while the number of Band 5 community staff nurses has increased.
- Despite small increases in the number of Healthcare Support Workers (HCSWs) in recent years, the proportion of HCSWs is one of the lowest in Wales with marked variations within and between counties.
- Expenditure on pay for permanent district nursing staff shows modest increases over the last four years, while pay costs for temporary staffing nearly doubled to cover sickness absences.

District Nursing Review — Slide 19

WALES AUDIT OFFICE
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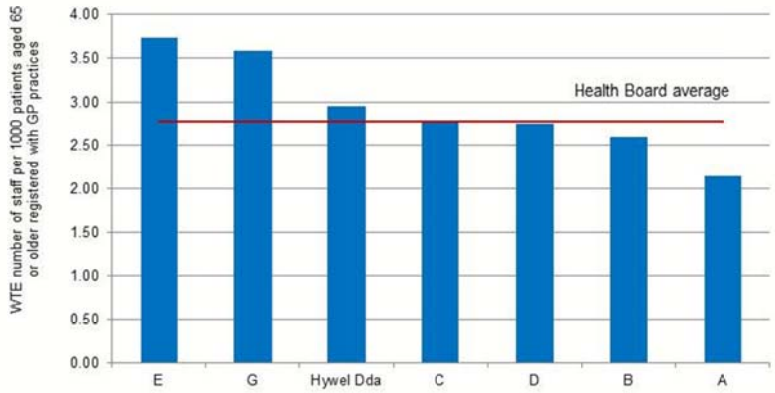
Available resources

The number of district nursing staff available for the population of registered patients aged 65 or older compares favourably with the Wales average.



District Nursing Review

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WALES AUDIT OFFICE
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Available resources

While numbers of Band 7 district nursing staff are reducing, numbers of community staff nurses and HCSWs are increasing.

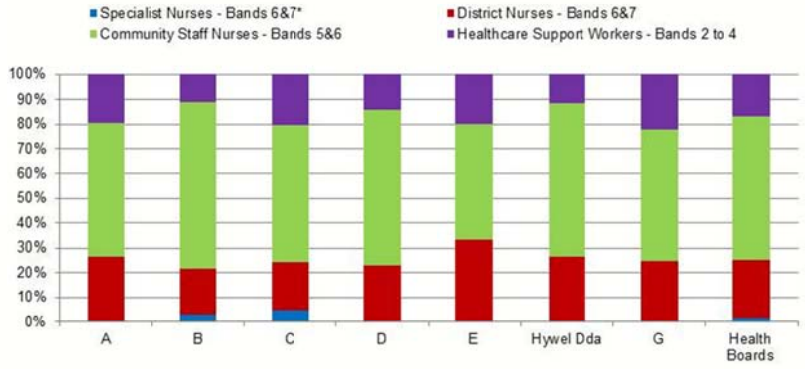
Pay band	Carmarthenshire		Ceredigion		Pembrokeshire		Hywel Dda	
	2009	2013	2009	2013	2009	2013	2009	2013
Band 7 – district nurse	10.6	7	10.94	8	9	9	30.54	24
Band 6 – district nurse	5.7	10.9	3.55	1	11	11	20.25	22.9
Band 5 – community staff nurse	40.87	49.44	27.27	31.54	28	28	96.14	108.98
Band 3 – HCSW	9.19	9.93	1.6	3.41	7	7	17.79	20.34
Band 2 – HCSW	-	-	-	-	0	0.87	0	0.87
Totals	**66.4**	**77.3**	**43.4**	**44.0**	**55.0**	**55.9**	**164.7**	**177.1**

District Nursing Review

Slide 21

Available resources

The proportion (11 per cent) of HCSWs is one of the lowest in Wales while the proportion (62 per cent) of community staff nurses is relatively high compared with other health boards.

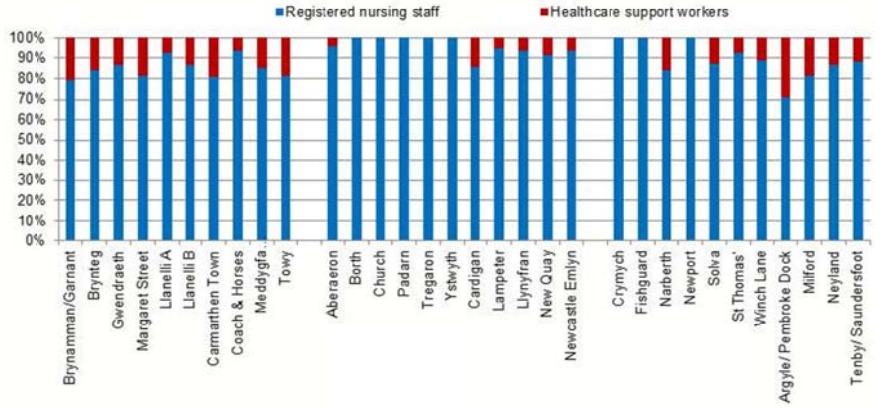


* Team leaders told us these staff were members of their teams.

District Nursing Review Slide 22

Available resources

There are marked variations in the proportion of HCSWs across teams within and between counties.



District Nursing Review Slide 23

WALES AUDIT OFFICE
SWYDDFA ARCHWILIO CYMRU

Equipping staff with skills to provide services

d. The Health Board is actively investing in formal training for district nursing staff but poor compliance with the appraisal and performance review process undermines its ability to identify gaps in skills. Meanwhile, low levels of compliance with some statutory and mandatory training present corporate and operational risks:

- Training needs are determined locally and rely in part on the appraisal process but not all staff have had an appraisal and review of their personal development plan within the last 12 months and appraisal data held centrally are incomplete:
  - compliance with appraisals ranges from 50 per cent to 70 per cent across the three counties; and
  - the Health Board has indicated that there are pockets of good practice in relation to appraisals, which it needs to share more widely.
- Compliance with statutory and mandatory training is poor for some aspects of training and compliance data held centrally are incomplete:
  - information held locally on the training for specific job roles and its required frequency is not always complete making it difficult to calculate accurate compliance rates; and
  - team leaders told us that it is sometimes a challenge to release staff to attend statutory or mandatory training, particularly within very small teams.
- Although the Health Board encourages clinical supervision for nursing staff, not all district nursing teams have a system in place.

District Nursing Review — Slide 24

WALES AUDIT OFFICE
SWYDDFA ARCHWILIO CYMRU

Equipping staff with skills to provide services

d. Continued...

- Workload pressures are making it difficult for all staff to access paid protected time for continuing professional development:
  - one-third of district nursing teams reported never having access to paid protected time because of difficulties being released to attend.
- Typically, from the evidence gathered during the audit, district nursing staff are making use of the skills for which they have received training:
  - the closure of community hospital beds provided an opportunity to review how healthcare support workers could be equipped with the skills needed to move into the community; and
  - the Health Board is working with local education providers to identify suitable training and education programmes to broaden the skill base across the community.
- The Health Board continues to invest in district nurse training and this is reflected in the higher proportion of staff with a Specialist Practitioner Qualification (SPQ):
  - across Wales, just over a quarter (27 per cent) of registered district nursing staff have a SQP compared with a third (31 per cent) of staff at Hywel Dda; and
  - one in eight (13 per cent) community staff nurses at Hywel Dda holds a SPQ compared with six per cent across Wales.

District Nursing Review — Slide 25

WALES AUDIT OFFICE
SWYDDFA ARCHWILIO CYMRU

Equipping staff with skills to provide services

Compliance with statutory and mandatory training is poor in many areas and not available for one county.

Statutory and mandatory training	Proportion of district nursing staff compliant with training		
	Carmarthenshire	Ceredigion	Pembrokeshire[1]
Resuscitation	100%	100%	Not available
Moving and handling	75%	100%	Not available
Safeguarding adults	90%	60%	Not available
Infection prevention and control	75%	20%	Not available
Fire safety	50%	50%	Not available
Safeguarding children	40%	20%	Not available
Violence and aggression	40%	20%	Not available
Health safety and welfare	40%	0%	Not available
Information governance	10%	0%	Not available
Equality, diversity, human rights	10%	0%	Not available

[1] Information held locally on what training was needed by staff was not always complete making it difficult to calculate accurate compliance rates.

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WALES AUDIT OFFICE
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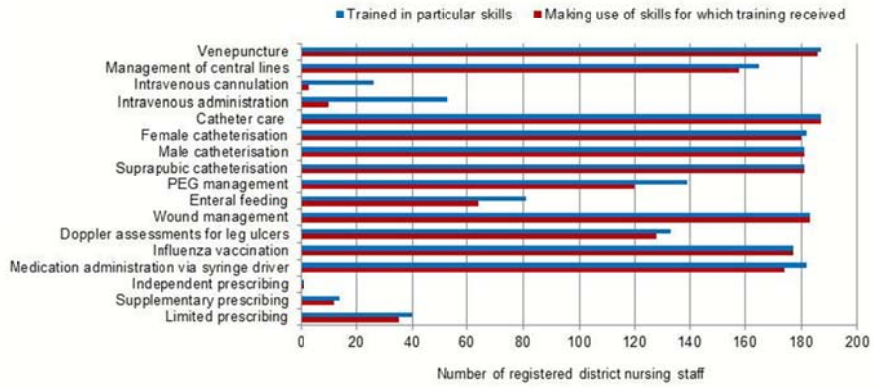
Equipping staff with skills to provide services

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



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

District Nursing Review Slide 27

Equipping staff with skills to provide services

HCSWs are also making use of the skills for which they have received training.

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

District Nursing Review Slide 28

Effective deployment

Although district nursing staff have a greater role in co-ordinating services for patients, it is unclear whether they are effectively deployed because of unexplained variation in how they spend their time and the uneven distribution of resources.

District Nursing Review Slide 29

Effective deployment

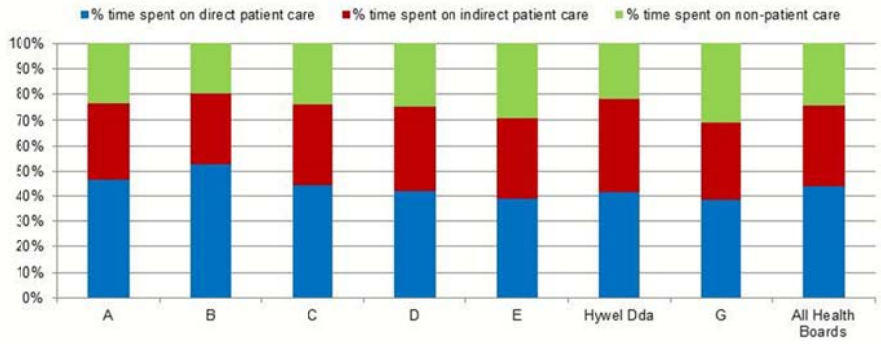
a. There is unexplained variation in the way district nursing teams are deployed:

- The proportion of time spent on direct patient care compares less favourably than many other parts of Wales.
- There are big differences in the proportion of time spent on direct patient care between teams both within and between counties.
- Overall, travel time accounts for more than a fifth of the time spent on patient-related activity while average travel time per patient contact varies two to threefold between teams:
  - across Wales, travel time for patient visits accounted for 18 per cent of patient-related activity, ranging from 17 per cent to 22 per cent.
- The proportion of time that staff spend with patients and in non-patient-related activity varies across and within grades, although there does not appear to be a clear rationale for this variation:
  - 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; and
  - none of the teams have administration and clerical support, which may account for the high proportion of time spent on 'admin' by some Band 3 staff.
- There is a more expensive grade mix deployed at the weekend.

District Nursing Review — Slide 30

Effective deployment

Direct patient care accounts for 41 per cent of staff time compared with 44 per cent for Wales.

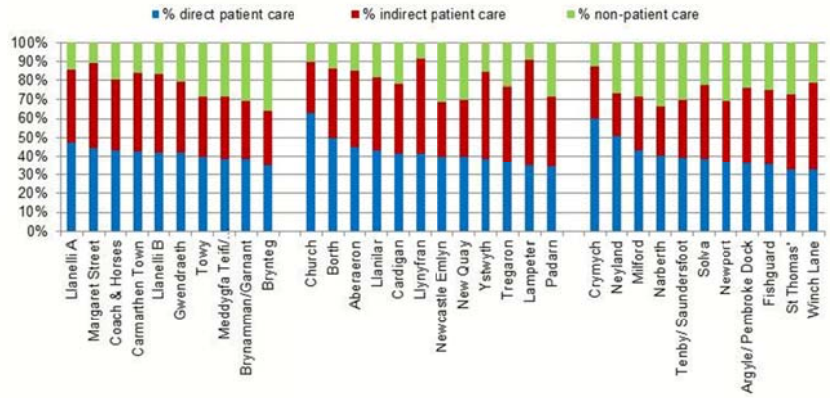


Direct patient care is face-to-face or telephone contact with a patient; indirect patient care is related to patients' notes, liaison with other agencies, travel related to visiting the patient; and non-patient care is all other activity eg team management, teaching and learning, admin and professional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

District Nursing Review — Slide 31

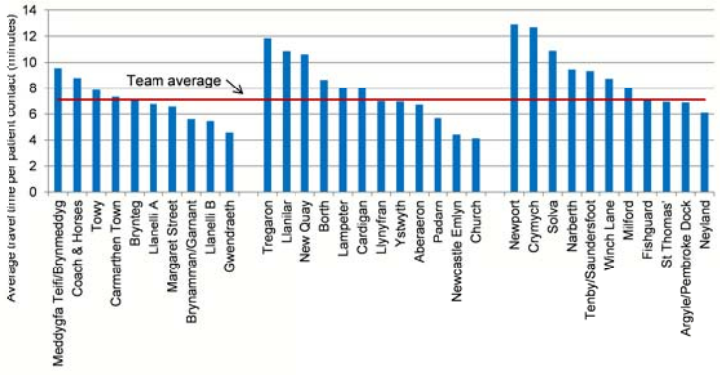
Effective deployment

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



Effective deployment

Average travelling time per patient contact varied two to threefold between district nursing teams.



Effective deployment

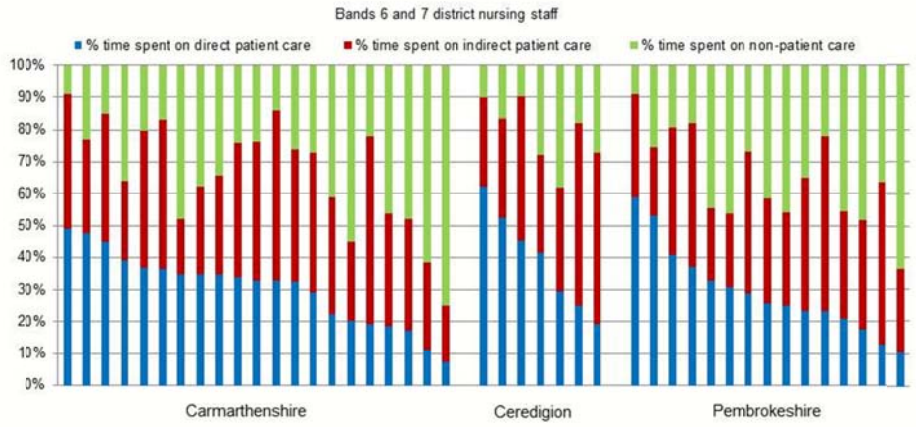
The proportion of time spent with patients and in non-patient-related activity varied across grades.

Pay bands	Proportion of time spent on:		
	Direct patient care	Indirect patient care	Non-patient care
Bands 2 to 4	44%	32%	24%
Band 5	44%	38%	17%
Band 6	33%	37%	30%
Band 7	31%	37%	32%
Hywel Dda	**41%**	**37%**	**21%**

District Nursing Review Slide 34

Effective deployment

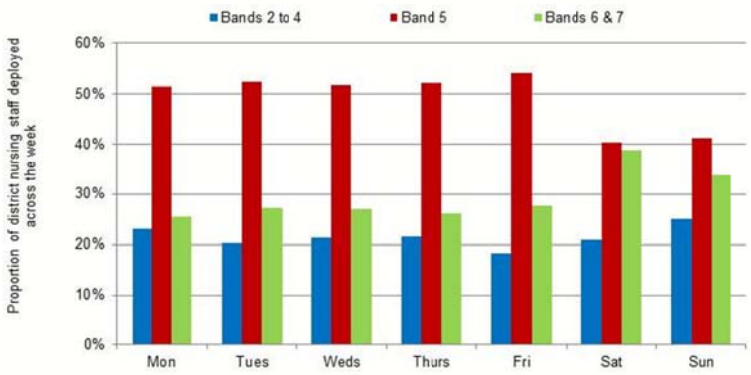
There are big differences in how team leaders and caseload holders spend their time.



District Nursing Review Slide 35

Effective deployment

There is a more expensive grade mix deployed at the weekend.



District Nursing Review Slide 36

Matching resources to the caseload

b. Staff are unevenly distributed across the caseloads and the Health Board cannot be assured that district nursing resources match the needs of the caseload:

- Workload, measured as numbers of patients per district nurse, varied threefold between district nursing teams and it is unclear whether the variation reflects patient need or historical staffing allocations.
- District nursing staff undertook more than 7,600 patient visits or contacts during the audit week but there was lots of unexplained variation between teams in relation to the number of patients visited and the time taken to treat them:
  - On average, teams undertook 45.6 contacts per WTE staff but this ranged from 28 per WTE to 73 per WTE staff while the average length of each contact was 20.3 minutes per team ranging from 13.4 to 30.9 minutes per team. As numbers of contacts per WTE increased, the average length of contact reduced.
  - These variations may reflect differences between teams in relation to patient dependency (eg, complex time intensive care needs), short care interventions, distance travelled (so fewer visits) and location of care (eg, clinics potentially more patients seen).
- Over half the district nursing staff worked in excess of their contracted hours:
  - Staff, excluding pre and post-registration students and bank staff, worked anywhere from a few minutes up to 25 hours in excess of their contracted hours during the audit:
    - staff told us that part-time staff would work additional hours to cover absences within the team and 'time off in lieu' might be arranged the following week.
  - The median excess hours worked was 3.2, the equivalent of an additional 8.7 WTE staff.

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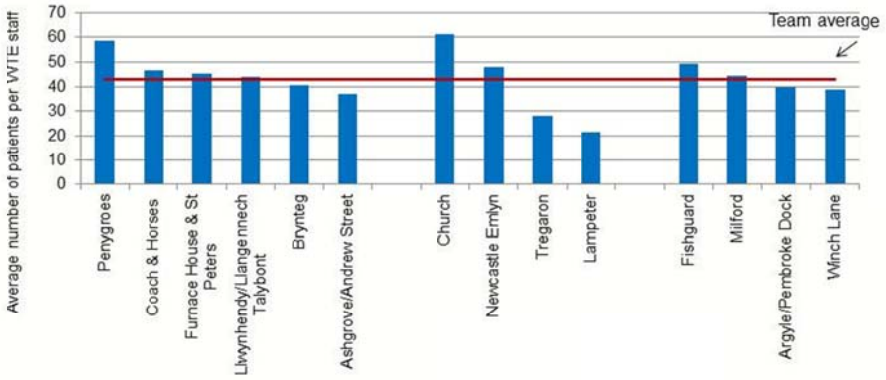
Matching resources to need

Workloads, measured as numbers of patients per district nurse, varies threefold between district nursing teams.



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Local caseload management

c. Caseload holders told us that they actively manage their caseload but our audit findings show that the Health Board could do more 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.
- Some teams are providing care for patients outside the Health Board's boundaries with these teams facing a number of challenges when coordinating care for these patients, such as keeping up to date about what health and social care services are available and respective eligibility criteria:
  - not all patients on the caseload are registered with local GP practices with two teams caring for patients registered with GP practices in neighbouring health boards; and
  - staff told us that it is challenging keeping up to date with the range of health and social care services available in neighbouring health boards or local authorities, from which their patients might benefit.
- Some patients remain on the caseload for a long time and some of these patients receive only annual visits:
  - more than a quarter (27 per cent) of patients have been on the caseload for more than one year but data provided by the teams show that a substantial proportion of patients are admitted and discharged from the caseload in any one year; and
  - six per cent of patients receive an annual visit while two-fifths (39 per cent) receive a weekly or more frequent visit.

Local caseload management

c. Continued ...

- Most patients are cared for in their own home but not all patients are 'housebound':
  - More than three-quarters (78 per cent) of patient contacts took place in patients' homes while 12 per cent were made by telephone; few (four per cent) contacts took place in clinics:
    - one in five teams provided clinics and the caseload review shows that less than one per cent of patients received care in a clinic.
  - Team leaders considered that one-fifth of patients on the caseload were not housebound with nearly all these patients visited at home. The proportion not considered housebound varied between teams, ranging from as few as 6 per cent up to 75 per cent. Staff told us that they encouraged patients wherever possible to attend the GP surgery for treatment; however, team leaders told us that some GP premises were inaccessible by patients necessitating home visits.
  - Staff told us that patients are sometimes not home when they visited. These 'wasted' journeys accounted for less than one per cent of staff time during the audit but it raises questions about whether alternative care settings would be more appropriate.
- More than half the patients on the caseload receive just one care intervention, typically for venepuncture, although there are some differences between counties.

District Nursing Review — Slide 40

Local caseload management

More than half (57 per cent) the patients on the caseload received one care intervention, typically for venepuncture.

Typical care interventions for patients receiving one 'package of care'[1]	Carmarthenshire	Ceredigion	Pembrokeshire	Hywel Dda
Venepuncture	43%	25%	43%	41%
Wound management	15%	12%	13%	14%
Administration of medicines (routes other than IV and oral)	13%	27%	10%	14%
Care for urinary dysfunction	10%	14%	15%	13%
Preventing and treating leg ulcers	4%	8%	4%	5%
Preventing and treating pressure sores	5%	3%	3%	4%
Other (eg, acute or chronic illness, palliative care, falls prevention)	10%	10%	11%	9%

[1] Team leaders were asked to indicate what package of care from a list of 17 best described the care patients received. Each package of care was assumed to also include assessment and treatment, palliation and symptom control, health promotion, patient/carer education and monitoring. A quarter (24 per cent) of patients received two packages of care with 19 per cent receiving three or more packages of care.

District Nursing Review — Slide 41

Coordinating care

d. District nursing staff have a greater role in coordinating the multiple healthcare services that patients receive in the community compared to some areas in Wales:

- Many patients are receiving multiple healthcare services in the community with district nursing teams coordinating or case managing the majority of this care:
  - Nearly three-fifths (58 per cent) of patients on the district nursing caseload were receiving care/advice from other community healthcare services, specialist nurses or other healthcare professionals. The most frequently cited services were: community resource teams, chronic conditions team, podiatry and continence services, and physiotherapists and occupational therapy.
  - Just over half (53 per cent) of patients received care arranged by social services.
  - District nursing teams coordinate or case manage the care for three-quarters (74 per cent) of the patients in receipt of multiple community healthcare services. Where the teams do not coordinate this care, GPs and specialist nurses are cited as the care coordinators. Across Wales, the proportion of patients for whom district nursing teams coordinate or case manage care ranges from 59 per cent to 86 per cent.
- There are no formal systems in place to share information about patients between the different teams and service providers with staff relying on good but informal communication links.

District Nursing Review Slide 42

Arrangements for monitoring and improving services

The Health Board is currently unable to systematically assess, monitor and report on the performance, quality and safety of its district nursing service.

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WALES AUDIT OFFICE
SWYDDFA ARCHWILIO CYMRU

Monitoring and reporting performance

a. Systems for monitoring and reporting on the performance of the district nursing service are inadequate:

- Systems for capturing and reporting on activity are inconsistent between counties with little clarity about how the information that is captured is used to inform planning or improvements.
- Performance measures or indicators have yet to be agreed in relation to the quality and safety of the district nursing service although work to agree performance measures has started; in the future, the all-Wales 'Fundamentals of Care' audit, soon to be rolled out to district nursing services, will provide some information.
- Mechanisms to capture the patient or user experience are currently underdeveloped with reliance placed on monitoring complaints and incidents:
  - county managers are currently looking to learn how other agencies seek feedback from service users; and
  - in the future, the Health Board plans to capture the views of patients on the district nursing caseload as part of the national patient experience survey.
- There is no evidence that the Board or its committees have discussed the performance of its district nursing service in the last few years.

District Nursing Review Slide 44

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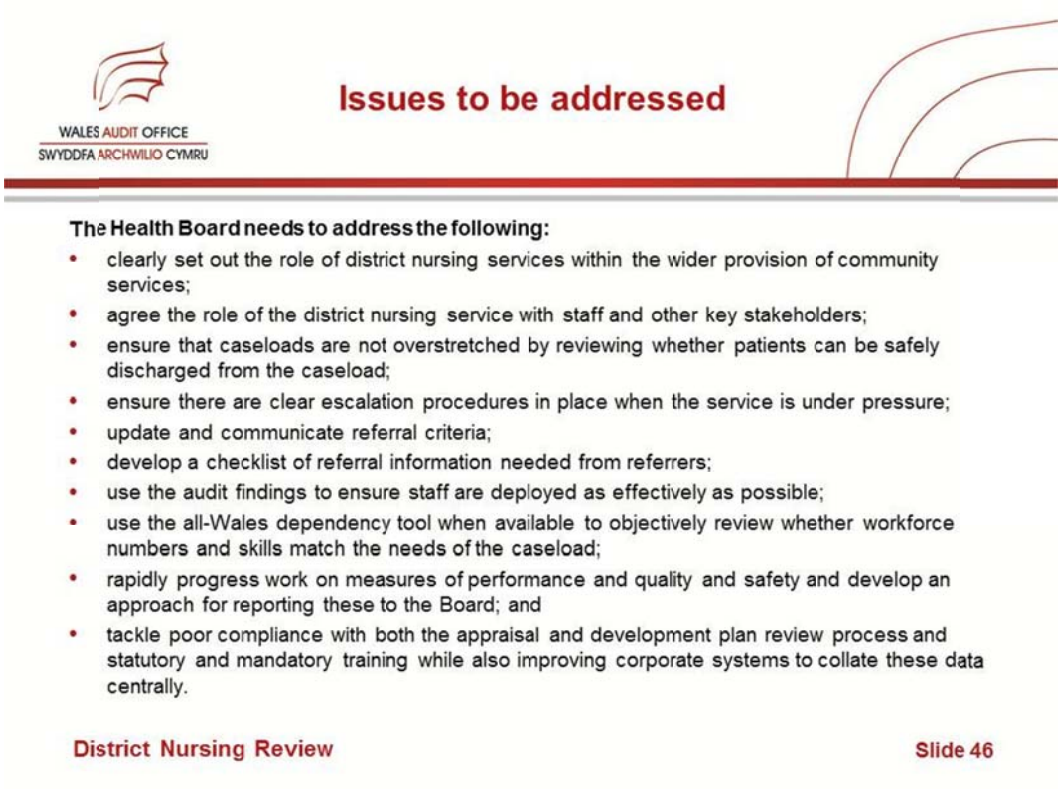
Identifying and sharing good practice

b. The Health Board plays an active role in the development of district nursing services across Wales and is working to improve the way information, including good practice, is shared within and between counties:

- senior nursing staff actively contribute to the all-Wales forums related to the district nursing service but there are no clear mechanisms for dissemination of this information to local teams; and
- work is currently underway to develop mechanisms to share operational and professional issues, including good practice, within and between counties.

District Nursing Review Slide 45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Issues to be addressed
The Health Board needs to address the following:
• clearly set out the role of district nursing services within the wider provision of community services;
• agree the role of the district nursing service with staff and other key stakeholders;
• ensure that caseloads are not overstretched by reviewing whether patients can be safely discharged from the caseload;
• ensure there are clear escalation procedures in place when the service is under pressure;
• update and communicate referral criteria;
• develop a checklist of referral information needed from referrers;
• use the audit findings to ensure staff are deployed as effectively as possible;
• use the all-Wales dependency tool when available to objectively review whether workforce numbers and skills match the needs of the caseload;
• rapidly progress work on measures of performance and quality and safety and develop an approach for reporting these to the Board; and
• tackle poor compliance with both the appraisal and development plan review process and statutory and mandatory training while also improving corporate systems to collate these data centrally.
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