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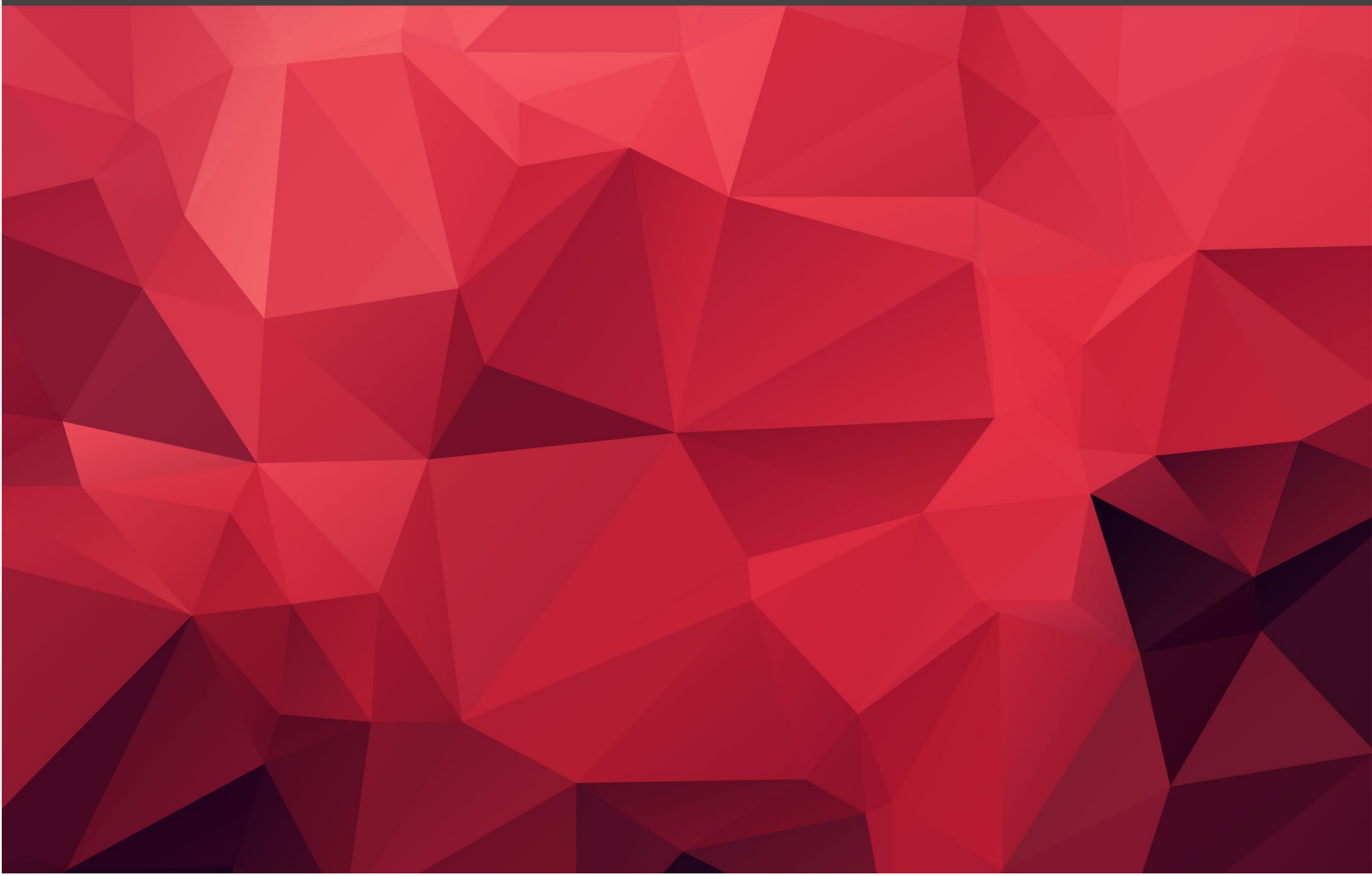
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District Nursing: Update on Progress – **Hywel Dda University Health Board**

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This work was delivered by Philip Jones and Emily Owen.

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The Health Board has written a clear service specification for its district nursing service and has a greater understanding of demand, deployment and performance, although it is awaiting national guidance before it can fully address some issues.

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Summary report

Introduction

- 1 As part of the 2014 audit programme, the Auditor General carried out a review of district nursing services across all seven health boards in Wales. The review 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?'
- 2 We reported our findings for the Health Board in December 2014 and concluded that it did not have a clear strategy for its district nursing service, and that planning and delivery was complicated by a limited understanding of demand, an unexplained variation in deployment and a lack of systematic monitoring of quality and performance. In making this conclusion, we found that:
 - the Health Board did not have a clear strategy or supporting operational plans for delivering its district nursing service and there needed 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 made it difficult for the Health Board to assess whether workforce numbers and skills were sufficient to meet service need;
 - although district nursing staff had a greater role in coordinating services for patients, it was unclear whether they were effectively deployed because of unexplained variation in how they spent their time and the uneven distribution of resources; and
 - the Health Board was unable to systematically assess, monitor and report on the performance, quality and safety of its district nursing service.
- 3 As part of the Audit Plan for 2017, the Auditor General included local work to track progress made by the Health Board in addressing the recommendations made in the [2014 Review of District Nursing Services](#). This progress update commenced in October 2017 and asked the following question: **Has the Health Board made sufficient progress in response to the findings and recommendations made in the original review?**
- 4 In undertaking this progress update, we:
 - sent the Health Board a self-assessment which was completed and returned to us;
 - reviewed a number of documents including those which were attached to the self-assessment; and
 - interviewed Health Board staff to discuss progress, current issues and future challenges.
- 5 A summary of our findings is set out in the following section with more detailed information provided in [Appendix 1](#).

Our findings

- 6 Our overall conclusion is that the Health Board has written a clear service specification for its district nursing service and has a greater understanding of demand, deployment and performance, although it is awaiting national guidance before it can fully address some issues.
- 7 In summary, the status of progress against each of the previous recommendations is set out in [Exhibit 1](#).

Exhibit 1: status of 2014 recommendations

Total number of recommendations	Implemented	In progress	Overdue	Superseded
25	22	3	0	0

Source: Wales Audit Office

- 8 We found that the Health Board has made good progress against all recommendations, and has strengthened its approach to acuity, caseload and workforce while it awaits national guidelines in those areas.
- A district nursing service specification has been set out which includes referral protocols, although this information needs to be kept up-to-date and referral forms must be kept aligned with any changes.
 - There has been significant work to redesign district nursing teams and ensure more effective deployment of staff.
 - A referral form sets out the information required by district nurses to ensure that patients receive care in the most appropriate environment.
 - A triage system for patient referrals has been successfully piloted in Carmarthenshire, and another is currently being evaluated in Ceredigion.
 - District nursing teams evaluate individual clinical caseloads and overall team caseloads, guided in part by the recent publication of interim guidelines.
 - Information on performance and quality and safety issues is improving and an overall report on district nursing services is expected later this year for the first time.
- 9 In undertaking this progress update, we have also identified one new risk in relation to district nursing services. This is set out in [Exhibit 2](#).

Exhibit 2: new risk identified during the course of our work

New risks	
Area	Description
Demand	There is potential for the service specification to become quickly out-of-date, and for the district nursing service to become overloaded with work for which it is inadequately resourced. Unless there is a clear basis for decision making about what can be provided and what cannot, patients could be at risk as a result of an overloaded service.

Source: Wales Audit Office

Recommendations

- 10 As a result of the new risk identified, we have made one new recommendation. In addition, the Health Board needs to continue to make progress in addressing recommendations that still require completion. These recommendations along with the new recommendations are set out in [Exhibit 3](#).

Exhibit 3: recommendations

2014 Recommendations that are still outstanding	
Strategy and planning	
Resources to meet demand	
R3d	Regularly audit compliance with the criteria and checklist of information and target those who refer inappropriately or provide poor information.
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	
R7b	Develop a comprehensive approach of reporting these measures to the Board at least annually.
New recommendations	
R9	Ensure that the specification for district nursing services is formally updated at least annually, and that any changes to referral criteria are reflected in updates to the referral form.

Source: Wales Audit Office

Appendix 1

Progress that the Health Board has made since our 2014 recommendations

Exhibit 4: assessment of progress

Recommendation	Target date for implementation	Status	Summary of progress
Strategy and planning			
R1 The role of the district nursing service needs to be clearly articulated. Drawing on the findings from the 2014 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:			
a. 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;	April 2015	Implemented	<p>The Health Board has set out the types of district nursing service it provides as part of its Specification for Community Nursing Services (2016). It includes details of the location and the frequency in which the services will be provided.</p> <p>The specification also defines a patient who is housebound as 'an individual who is unable to leave their home environment due to a physical or psychological illness'. It goes on to say that 'an individual is not deemed housebound if they are able to leave their home with minimal assistance' although 'there may be occasion for the Community Nurse to visit a patient who is not housebound. This will be based on the professional judgement of the nurse and the individual needs of the patient'. This establishes a reasonable element of flexibility around provision of services to patients at home.</p>
b. agreeing what care or services will or will not be provided, such as prescription collections;	April 2015	Implemented and new risk identified to ensure service specification is kept up-to-date	<p>Whilst the service specification sets out district nursing services for patients, it is not entirely up-to-date. Staff recognise that the service continues to evolve and that there is a need to review the specification needs on a regular basis. It was suggested that this might be done on annual basis, with interim amendments where appropriate.</p> <p>One major change since the publication of the specification is that district nurses have taken on the provision of treatment of leg ulcers. GP practices in the Health Board area</p>

Recommendation	Target date for implementation	Status	Summary of progress
			<p>made a collective decision to stop providing this service. This change has had a significant impact on the resources of the district nursing service. It has had to find the staff, facilities, equipment and consumables in order to reprovide the service, and to date has not received additional resources to accommodate this. Despite the pressures this created, significant improvements in patient clinical outcomes were being reported.</p> <p>The district nursing patient information leaflet specifies that it is not the responsibility of district nurses to collect or deliver prescriptions.</p> <p>The district nursing service is able to access the Health Board's Sharepoint system which records patient progress through the acute treatment and discharge pathway. This enables staff to anticipate activity and plan accordingly.</p>
c. raising awareness with potential referrers about what the district nursing service can offer;	March 2016	Implemented but new risk identified to ensure service specification is kept up-to-date	<p>The service specification sets out individual services and includes a referral protocol and flowchart.</p> <p>While a copy of the referral document was provided to us, we could not find a copy on the Health Board's external website, which could be considered as good practice.</p>
d. publicising the purpose of the district nursing service with potential users; and	March 2016	Implemented	<p>The Health Board has produced a district nursing services patient leaflet which states that 'A community nurse is a nurse who provides nursing assessments, care, advice, information and treatment if you are unable to visit your GP surgery because you are either temporarily or permanently housebound. If you are not housebound, you will be expected to attend your GP Surgery or local Health Clinic for treatment.'</p> <p>The Health Board told us that the patient information leaflet has been widely disseminated across the organisation and is also available on its external website. However, when we searched the website we could not find it.</p>

Recommendation	Target date for implementation	Status	Summary of progress
<p>e. considering whether there are opportunities to integrate the separate community nursing teams into one team.</p>	<p>March 2016</p>	<p>Implemented</p>	<p>County teams work on a locality basis. Each locality team has a core community nursing team as well as district nurses with a specific interest eg frailty, and routinely holds a multi-disciplinary team meeting. Service provision is different in all three counties which is an issue for the Health Board.</p> <p>The Health Board has a number of smaller locality district nursing teams together to ensure a breadth of experience for staff so that they can meet the needs of their patients, and to improve the governance and management of services provided. Clinical lead nurses oversee district nursing teams within their locality and district nurse team leaders are responsible for the caseloads of patients.</p> <p>The Carmarthenshire Acute Response Team has been amalgamated with the district nursing service so they are no longer a standalone team. Team members carry out district nursing patient calls if they are in the area, which saves time and frees up other staff.</p> <p>In Pembrokeshire, a number of small community nursing teams were disbanded and reallocated into larger ones in order to strengthen management arrangements. They have reduced 11 teams to eight, which has increased efficiency, helped to clarify caseload, and has also been an opportunity to trial different ways of working.</p> <p>In Ceredigion, there has been a concerted effort to look at how to deliver district nursing services more efficiently. The Health Board would like to develop a community resource team in the North of Ceredigion to mirror existing provision in the South of the county. The HB is currently in the recruitment phase for the development of a community resource team in the north of Ceredigion to mirror existing provision in the south of the County. The acute response team has been amalgamated into the core district nursing service in Ceredigion to increase skills and competence.</p> <p>There has been a significant investment into the specialist nursing teams generally in Ceredigion and the County works closely with social care colleagues and third sector providers, which has enabled joint working and investment to improve service provision.</p>

Recommendation	Target date for implementation	Status	Summary of progress
			The Health Board continues to look for opportunities to improve its district nursing team arrangements.
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:			
a. agree a threshold at which point the caseload might be closed to new referrals;	March 2016	Implemented	<p>A threshold has been agreed and a health board tool and process for the review of caseloads has been implemented. At the time of our fieldwork, formal peer review of caseloads was planned for implementation during 2018.</p> <p>All-Wales work to develop nationally agreed tools to assess caseload and acuity, and inform the setting of thresholds is ongoing, but the work is not expected to be completed in full until 2020. There is senior community nursing representation from the Health Board on the national working group. The quality element of the All-Wales tool relating to caseload assessment and care planning has been tested in Ceredigion. The results were being analysed at the time of this review.</p>
b. develop escalation procedures when the threshold is likely to be breached; and	March 2016	Implemented	<p>An escalation protocol was agreed as part of the Health Board's Service Specification for Community Nursing Services (2016). A more detailed Community Nursing Escalation Policy was approved by the Community and Primary Care Quality Safety and Experience Sub-Committee in January 2018. It introduces priorities which are linked to the service specification and the referral form. It includes a RAG (red, amber, green) status indicator together with an explanation of what this means for the service's capacity to take on patients.</p>

Recommendation	Target date for implementation	Status	Summary of progress
			Community nursing staff expect that implementation of the policy will help to raise awareness of its activity levels, and will complement the information provided as a result of the acute services escalation policy.
c. 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.	September 2015	Implemented	The Health Board caseload review tool (see R2(a)) examines whether the care it provides to infrequently seen patients (those not seen within eight weeks) is actually needed. The tool is used in each of the three counties to enable ongoing monitoring. At the time of our work the Carmarthenshire teams were carrying out an audit of infrequently seen patients.
R3 Not all referrals to the district nursing service are appropriate and the quality of referral information is sometimes poor. The Health Board should:			
a. use the learning from the pilot referral triage system in Llanelli to update its referral criteria;	June 2015	Implemented	The learning from the Llanelli Single Point of Access pilot has been shared with local referrers and was used to help inform the referral criteria included in the service specification.
b. communicate the updated referral criteria to potential referrers;	June 2015	Implemented	See R1(c) summary comments.
c. develop a clear checklist of information required from referrers;	June 2015	Implemented	We reviewed a copy of the comprehensive referral form for Pembrokeshire Community Nursing/District Nursing Service. Staff recognised that, in order to remain useful, the referral form will need to be updated to reflect future service changes.

Recommendation	Target date for implementation	Status	Summary of progress
d. regularly audit compliance with the criteria and checklist of information and target those who refer inappropriately or provide poor information; and	December 2015	In progress	<p>We reviewed a new monthly closure form for incidents reported in DATIX, which would include issues arising from inappropriate referrals. Such incidents would be discussed at routine staff governance meetings and followed up where appropriate.</p> <p>Staff recognised that there is currently no specific audit activity in relation to inappropriate referrals, to examine patterns of inappropriate referrals and provision of poor quality information.</p>
e. if the referral triage system being piloted in Llanelli is successful, consider whether it can be replicated elsewhere.	May 2015	Implemented	<p>The Health Board intends to introduce single point of access arrangements in all three counties, although there is no clear timeframe for this yet. The review of learning from the Llanelli single point of access pilot concluded that there were benefits for referrers, patients, the Community Reablement Team and the community nursing service from this type of approach. For example, there were an increased number of face to face contacts, the quality of referrals was improved and there was better utilisation of resources. It also made a number of practical recommendations to help guide any further implementation of the approach. The current intention is that the single point of contact will be implemented across Carmarthenshire when IT and phone systems can support it, although the timeframe for this is unclear.</p> <p>Porth Gofal Ceredigion is a Single Point of Access scheme run jointly with social services. It is staffed by a nurse, a representative of therapies staff, and social worker. They triage referrals and refer them to the right place for the right care. This includes some third sector services. The Health Board is working with social services to evaluate the services. They recognise that there is a need for better signposting, although the service is a move in the right direction.</p> <p>There is no single point of access arrangement in Pembrokeshire.</p>

Recommendation	Target date for implementation	Status	Summary of progress
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:			
a. monitor grade mix by comparing the work done with activities expected by the grade of nurse;	March 2016	Implemented	<p>A review of the grade mix of teams has been completed in line with the District Nursing Staffing Principles work on ensuring appropriate skill mix within teams.</p> <p>Evidence of activities expected by the different grades of nurse can be demonstrated through the Band 5 Competency Development Booklet which has been developed within Hywel Dda and rolled out across the three Counties recognising that national work to develop an evidence-based workforce planning tool for District Nursing is ongoing. The Health Board is represented at these national meetings, and expects that the tool will become available for implementation in 2020. It will subsequently be monitored through the Performance Appraisal and Development Review process.</p> <p>District nursing teams across the three counties have started to monitor caseload using an approach based on units of time. This will capture how much clinical activity there is and how it varies across teams and across counties. The data generated will help determine appropriate staffing establishments and potentially support future business cases for changes to service arrangements and resources. The approach is working well and staff hope it will continue to be used, pending the implementation of a national approach.</p> <p>The Chief Nursing Officer and the Nurse Directors requested that an interim set of guiding staffing principles be developed. The principles have been published and work is planned to make sure that the Health Board is aligned with them.</p>

Recommendation	Target date for implementation	Status	Summary of progress
			When vacancies occur, the Health Board has examined what service is needed and the staffing arrangements necessary to provide it. For example, a Band 7 vacancy in one area led to a rethinking of team design. Whereas previously there had been two Band 7 nurses to manage the workload, there is now a Band 6 and a Band 7 district nurse covering the workload. Their responsibilities have been designed to complement each other.
b. examine the variation in non-patient activity and consider whether there are opportunities to free up time for direct patient care;	March 2016	Implemented	Interim national staffing guidelines set out expectations about the proportion of time that should be spent on non-patient care. The Community Nursing Service has examined variability in non-patient activity by undertaking a 'Light Pen' ¹ audit which included a review of the proportion of time spent on non-patient care in line with the interim national staffing guidelines. Vacancy Panels have been established to look at opportunities in addressing skill mix issues.
c. agree an appropriate threshold against which to monitor the time spent on direct patient care;	March 2016	Implemented	The Units of Time approach has been adopted across the three counties with agreed parameters of clinical and non-clinical activity to meet the needs of the patient at different times of the day and week. The Health Board expects this issue to be definitively addressed through the publication of the All Wales acuity tool, currently expected in 2020.

¹ A 'light-pen' audit utilises an electronic pen which can be used to scan codes on a paper list. In this instance it was used to scan codes relating to specific district nursing work activities. This provides a quick way of capturing data which can be subsequently analysed.

Recommendation	Target date for implementation	Status	Summary of progress
d. review the mix of staff deployed against patient needs at different times of the week;	March 2016	Implemented	See summary comment for R4(c). Staff are informed by the interim national guidelines in reaching decisions about skill mix through the week. The rollout of the CONNIS system across the district nursing service is intended to provide a daily position on activity within the service, and so help to focus staff resource planning activities.
e. explore the true extent of excess hours working; and	June 2015	Implemented	The Health Board has carried out a snapshot audit by locality using its District Nurses Workforce Matrix spreadsheet. Team leaders routinely monitor excess hours. E-Rostering is being rolled out across the three counties which will capture excessive hours worked and skill mix reviews.
f. examine the differences between counties in the types of care interventions, such as venepuncture, to determine whether existing resources could be used differently.	June 2015	Implemented	The Community Nursing Services have examined variability in non-patient activity. Vacancy Panels have been established to look at opportunities in addressing skill mix issues. The introduction of a service specification helps to ensure consistency of service provision across the three counties.
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	June 2015	Implemented	Whilst national work is ongoing with representation from the Health Board, district nursing staffing principles have been agreed. Following that work, agreement was reached on the number of team leaders required as well as the amount of protected time for non-clinical and managerial tasks. District Nursing Teams have been aligned to ensure appropriate skill mix and leadership is available to support the teams and meet the needs of the caseload. In support of this, the Community Escalation Policy has been developed, dependent on capacity.

Recommendation	Target date for implementation	Status	Summary of progress
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.	March 2016	In progress – Health Board is dependent on the completion of national work	The Health Board said that it expects this issue to be definitively addressed through the publication of the All Wales dependency tool, currently expected in 2020.
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:			
a. 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	December 2015	Implemented	<p>Performance reviews for each county are undertaken locally within county on a monthly basis as well as with the Deputy Chief Executive and Director of Nursing on a bi-monthly basis.</p> <p>Community nursing services undertake local performance reports on a monthly basis, and do so on a bi-monthly basis to the Deputy Chief Executive and the Director of Nursing. These reviews examine:</p> <ul style="list-style-type: none"> • quality and safety of the service • compliance with PADR's • compliance with mandatory training • patient experience and complaints • Annual Health Care Standards Monitoring Audit (patient outcomes)

Recommendation	Target date for implementation	Status	Summary of progress
of district nursing in shifting care from acute to community settings; and			<ul style="list-style-type: none"> • financial management • new service developments, eg Leg Ulcer Clinics • sickness and absence monitoring • vacancy monitoring <p>The three counties developed standardised documentation which is based on the approach taken at Powys NHS Trust. Apart from some minor anomalies which remain to be addressed, the district nursing paperwork will be consistent across the Health Board. This will help to address previously identified governance issues arising from inconsistent paperwork.</p> <p>The service has established scrutiny meetings which examine DATIX incident records. Managers said that there was greater assurance now and that teams are involved in ensuring that learning is embedded into practice.</p> <p>Clinical lead nurses carry out random spot-check audits of teams, by looking at record keeping, accompanying nurses on home visits, and so on.</p> <p>The Health Board actively seeks feedback from district nursing service users to help monitor and improve their performance. It also plans to provide evaluation questionnaires throughout the year to patients on discharge from the service.</p>
b. develop a comprehensive approach of reporting these measures to the Board at least annually.	July 2015	In progress	<p>See summary comments for R7(a).</p> <p>Each county provides a separate bi-monthly report to the Board. However, the intention is to provide an annual report for the whole of the Health Board's Community Nursing Service for 2017-18.</p> <p>The Health Board told us that given the differences between counties, it would have been premature to have produced a single report before now. Together with the introduction of the escalation policy and close working with the new Director of Nursing, staff hope that this will help to raise the service's profile.</p>

Recommendation	Target date for implementation	Status	Summary of progress
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:			
a. 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	July 2015	Implemented	Following our original review, the Health Board developed a programme to deliver compliance with PADR, skills framework and validation requirements. The Health Board told us that while there had been ongoing problems in ensuring that reports from the Electronic Staff Record (ESR) system reflected an up-to-date position, the situation has improved. Work is also underway to ensure all community nursing services reports are accessible on ESR.
b. agree a consistent format for collecting data locally on compliance and the mechanism to feed this information in centrally.	December 2016	Implemented	See R8(a) comments. Some local spreadsheets are still used in parallel to data recorded on the ESR system. Managers said that this gives them an even greater degree of confidence about where things stand in relation to Performance Appraisal and Development Review process and to mandatory training.

Appendix 2

The Health Board's management response to new recommendations relating to district nursing

The Health Board's management response will be inserted once the response template has been completed. The appendix will form part of the final report to be published on the Wales Audit Office website once the report has been considered by the board or a relevant board committee.

Exhibit 5: management response

Ref	Recommendation	Intended outcome/benefit	High priority (yes/no)	Accepted (yes/no)	Management response	Completion date	Responsible officer
R9	Ensure that the specification for district nursing services is regularly updated and that any changes to referral criteria are reflected in updates to the referral form.	Referrers are clear of the remit of the district nursing service reducing the negative impact on resources of inappropriate referrals and workload that is better dealt with elsewhere.	No	Yes	Hywel Dda University Health Board recognise that The Community Nursing Service Specification needs to be regularly reviewed and updated to ensure that there is a clear understanding of the role and remit of district nursing services. The current service specification is version controlled and there is agreement that this will be reviewed every 2 years. The next date for review will be September 2018 and any amendments to the service specification will be shared and updated on Patient Information Leaflets and Referral Forms at the same time.	January 2018	Heads of Community and Primary Care Nursing (Ceri Griffiths Sarah Cameron Tracey Evans

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