



Review of District Nursing Services

Abertawe Bro Morgannwg University Health Board

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

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Summary report

Summary

1. District nurses are a major provider of care in the community. They play a crucial role within the primary and community health care team, visiting and providing care to patients in the community and their own homes. District nurses also have a role working with patients and their relatives to help them manage their condition and treatment, avoiding unnecessary admission or readmission to hospital.
2. A district nurse's patient caseload can have a wide age range with a considerable mix of health problems, including those who are terminally ill. The largest numbers of patients are the elderly and frail. For the foreseeable future, demand for district nursing services is likely to increase because of the growing elderly population, shorter hospital stays and the move to treat more patients, often with complex care needs, in the community rather than in hospital. Across Abertawe Bro Morgannwg University Health Board (the Health Board), the number of people aged 65 and over is expected to increase by 50 per cent by 2036¹ while the very elderly, those aged 85 and older, is forecast to increase by 133 per cent.
3. The Welsh Government's chronic conditions management model² and its primary and community care strategy³, signal the need to rebalance services on a whole system basis and to provide more care in community settings. The Welsh Government's vision is for an integrated multidisciplinary team focusing on co-ordinating community services across geographical localities for individuals with complex health and social care needs.
4. Our previous work on chronic conditions⁴ found that:
 - few health boards have a good understanding of the capacity or capability of their community workforce, making it difficult to target training and development in order to achieve a shift in care towards the community;
 - some health boards have restructured district nursing services to provide the capacity needed to 'shift' care into the community and provide care 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

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5. If these challenges are to be met, delivery of care in the community requires an appropriately co-ordinated, resourced and skilled workforce that is effectively deployed. With increasing demand on services and continuing financial constraints, health boards need to understand how the district nursing service is used and where it fits in the overall development of community services.
 6. Currently, the Health Board's district nursing service is comprised of 227 whole time equivalent nursing staff. District nursing staff are organised into 50 teams across 11 networks in three localities. There are three localities - Bridgend, Neath Port Talbot and Swansea – with each locality coterminous with the three local authorities, Bridgend County Borough Council, Neath Port Talbot County Borough Council and the City and County of Swansea respectively. There are three networks in the Bridgend and Neath Port Talbot localities and five in the Swansea locality.
 7. Each team cares for approximately 115 patients. The teams generally operate between 8:30am and 5pm with an out-of-hours district nursing team in each locality providing care outside these hours for patients on the caseload.
 8. The Health Board is in the process of aligning community nursing services, including district nursing services, into 10 new networks. The Health Board is working with local authority and voluntary sector partners with the intention of integrating community health and social care services provided in each network.
 9. The Auditor General for Wales carried out an all Wales review of district nursing services based upon the collection of detailed information from health boards. The review was carried out between March 2014 and August 2014, and sought to answer the question: "Is the Health Board planning and utilising its district nursing resources effectively as part of its wider approach to delivering care in the community?". [Appendix 1](#) sets out our audit approach.

Our main findings

10. We concluded that the role of the district nursing service is not clearly defined. There is unexplained variation in deployment, resources and demand are not sufficiently aligned, and there is a lack of systematic monitoring of quality and performance at an organisational level.
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 delivered to executive directors and senior managers on 30 October 2014. The datasets underpinning the audit findings will be shared with the Health Board.

Part 1 - The Health Board has clarity in its vision for delivering more care in the community but needs to define the remit of district nursing within the new integrated community nursing services

The Health Board has clarity in its vision for delivering more care in the community, and to support the vision it is moving towards integrated health and social care services.

- The Health Board, in partnership with local authorities and the voluntary sector, is working to align community nursing services, including district nursing services, into 10 integrated community health and social care service networks.
- The Health Board's Integrated Medium-Term Plan sets out its commitment to delivering more care in the community, to support the population to make healthier lifestyle choices and to empower people to manage long-term conditions.
- 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.

The Health Board needs to define the remit of district nursing within the new integrated community nursing service.

- There is no health board wide community nursing operational plan.
- The Health Board's current district nursing service specification is out of date.
- Working with local authority partners, each locality is responsible for driving integration of community health and social care services.
- Although the principles and benefits of integrated working are agreed, locality operational plans to deliver integrated community health and social care services are not yet in place.
- The role of the district nursing service in the planned integrated community health and social care services is not clearly defined making it difficult to plan changes to workforce numbers and skills.

The locality structure provides clear managerial and professional lines of accountability, but the localities operate in silos leading to variation in the way district nursing services are delivered.

- Managerial lines of accountability are clear at locality level; however, each locality works in isolation, leading to variation in district nursing services.
- Localities have clear monitoring and governance structures, with professional and clinical leadership in place to support staff.
- Professional lines of accountability are clear at a locality and Health Board level.

Part 2 - The Health Board has an understanding of the demand for district nursing services, but needs to improve management of demand and align resources to match need

The Health Board understands demand measured by the number of patients on the caseload, but there is inconsistency in how localities measure dependency.

- The Health Board understands the demand on the district nursing service measured by the numbers of patients on their caseload and their high level needs.
- There are no standardised patient dependency tools in use by the Health Board and there is inconsistency in how localities measure dependency.

The management of demand for district nursing services needs to improve.

- Criteria for referrals to the district nursing service are in place, but eligibility is too broad.
- The district nursing service does not use a standardised referral form, and although referral information is considered adequate, basic information is missing.

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

- The number of district nursing staff available for the population of registered patients is the lowest in Wales.
- The proportion of healthcare support workers is one of the highest in Wales, but there is variation between teams, and it is unclear whether the variation is based on need.
- Workforce requirements for the district nursing service are considered on a locality basis, with skill mix reviewed when vacancies arise. However, the number and skill mix have not been reviewed at a health board level to see if these meet current and future need.
- There has been a modest reduction in the number of district nursing staff since 2009.

The Health Board is actively investing in formal training for district nursing staff but inconsistent 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.
- Compliance with statutory and mandatory training varies between localities and compliance data held on locality systems are incomplete.
- Workload pressures are making it difficult for staff to access paid protected time for continuing professional development.
- Although the Health Board encourages clinical supervision for nursing staff, not all district nursing teams have a system in place.
- Typically, from the evidence gathered during the audit, registered district nursing staff make use of the skills for which they have received training; however, not all healthcare support workers make use of the skills for which they have received training.
- The proportion of district nursing staff holding a specialist practitioner qualification is in line with the Welsh average.

Part 3 - The unexplained variation in the deployment and distribution of resources means that the Health Board cannot take assurance that its district nursing staff are effectively deployed

There is unexplained variation in the way district nursing teams spend their time.

- The proportion of time spent on direct patient care is better than the Welsh average.
- There are big variations in the proportion of time spent on direct patient care between teams.
- Overall, travel time accounts for a small proportion of patient related activity but the average time spent travelling per patient contact varies up to three fold 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.

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

- Workloads, as measured by the number of patients per district nurse, vary threefold between district nursing teams.
- District nursing staff undertook more than 10,210 patient visits or contacts during the audit week; however, there was lots of unexplained variation between teams in relation to the number of patients visited and the time taken to treat them.
- During the audit week three-fifths of district nursing staff worked in excess of their contracted hours.

The Health Board could do more to support local caseload management.

- Caseloads generally never close but stretch to absorb new patients.
- The number of visits to patients in any one day is potentially unlimited.
- Some teams are looking after patients registered with practices outside the Health Board boundary.
- Annual practice audits are undertaken to review caseload and workload management within the district nursing service, but it is not evident how the audit findings are used to improve service delivery.
- Most patients are cared for in their own home but not all patients are 'housebound'.

District nursing teams are acting in the role of case manager, coordinating the varied healthcare services that patients receive.

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

Part 4 - The systems in place to monitor and report on the performance of the district nursing service are inconsistent between localities

The Health Board has systems in place at a locality level to monitor and report on the performance of the district nursing service, but there is scope for improvement.

- Systems for capturing and reporting on activity are inconsistent between localities, with little clarity about how the information is used to inform planning or service improvements.
- The Health Board is developing a community nursing dashboard, which will include quality and safety measures for the district nursing service.
- The Health Board undertakes annual practice audits, which includes observed clinical practice, record keeping, dignity and care of patients and medications management, but it is unclear how the outcome from the audit is used.
- Lead nurses hold monthly safety, quality and risk information meetings on a health board wide basis.
- There is no consistent health board wide approach for capturing feedback from patients using district nursing services although the 'Fundamentals of Care' audit soon to be rolled out to district nursing services, will provide some information on patient experiences in the future.
- There is no evidence that the Board or its committees have discussed the performance of the district nursing service over the last few years.

The Health Board plays an active role in the development of district nursing services across Wales and learning and good practice is generally shared.

- Senior nursing staff actively contribute to the all-Wales forums related to the district nursing service.
- There are mechanisms to share learning and good practice within localities and through the health board wide forum, but there are mixed views of how well the information is cascaded and sharing across localities need to be strengthened.

Recommendations

Strategy and planning

- R1 To effectively meet the growing demand for services in the community, the Health Board needs to:
- clarify the role and responsibilities of the district nursing service within the wider integration of community nursing services; and
 - develop a workforce plan, which set out the level and skill mix required to deliver services now and in the future.
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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 more appropriately by other professionals.

R3 To improve the management of demand for district nursing services, and ensure that all referrals are appropriate, the Health Board needs to:

- update the district nursing service specification including the referral criteria;
- communicate the updated referral criteria to potential referrers;
- develop a clear checklist of information required from referrers; and
- regularly audit compliance with the criteria and checklist of information and target those who refer inappropriately or provide poor information.

R4 To make use of the skills available within the workforce and to provide the necessary development and training opportunities, the Health Board needs to:

- ensure all staff have received an appraisal and review of their personal development plan;
- gain a better understanding for the training areas with low compliance rates with statutory and mandatory training and put mechanisms in place to improve compliance; and
- agree a consistent format for collecting data locally on compliance and the mechanism to feed this information in centrally.

Effective deployment

R5 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:

- examine the variation in non-patient activity and consider whether there are opportunities to free up time for direct patient care; and
- explore the true extent of excess hours working.

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 review objectively whether workforce numbers and skills match the needs of the caseload.

Monitoring and improving services

- R7 Systems for monitoring district nursing services are inconsistent and a performance dashboard is not yet developed. The Health Board should:
- rapidly progress and conclude the work started on developing a dashboard by developing a range of performance, quality and safety measures that are routinely monitored, reported and acted upon, such as compliance with appraisals and statutory and mandatory training, patient experience, patient outcomes, service costs and the contribution of district nursing in shifting care from acute to community settings; and
 - agree to regularly report performance measure outcomes to the Board.

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.

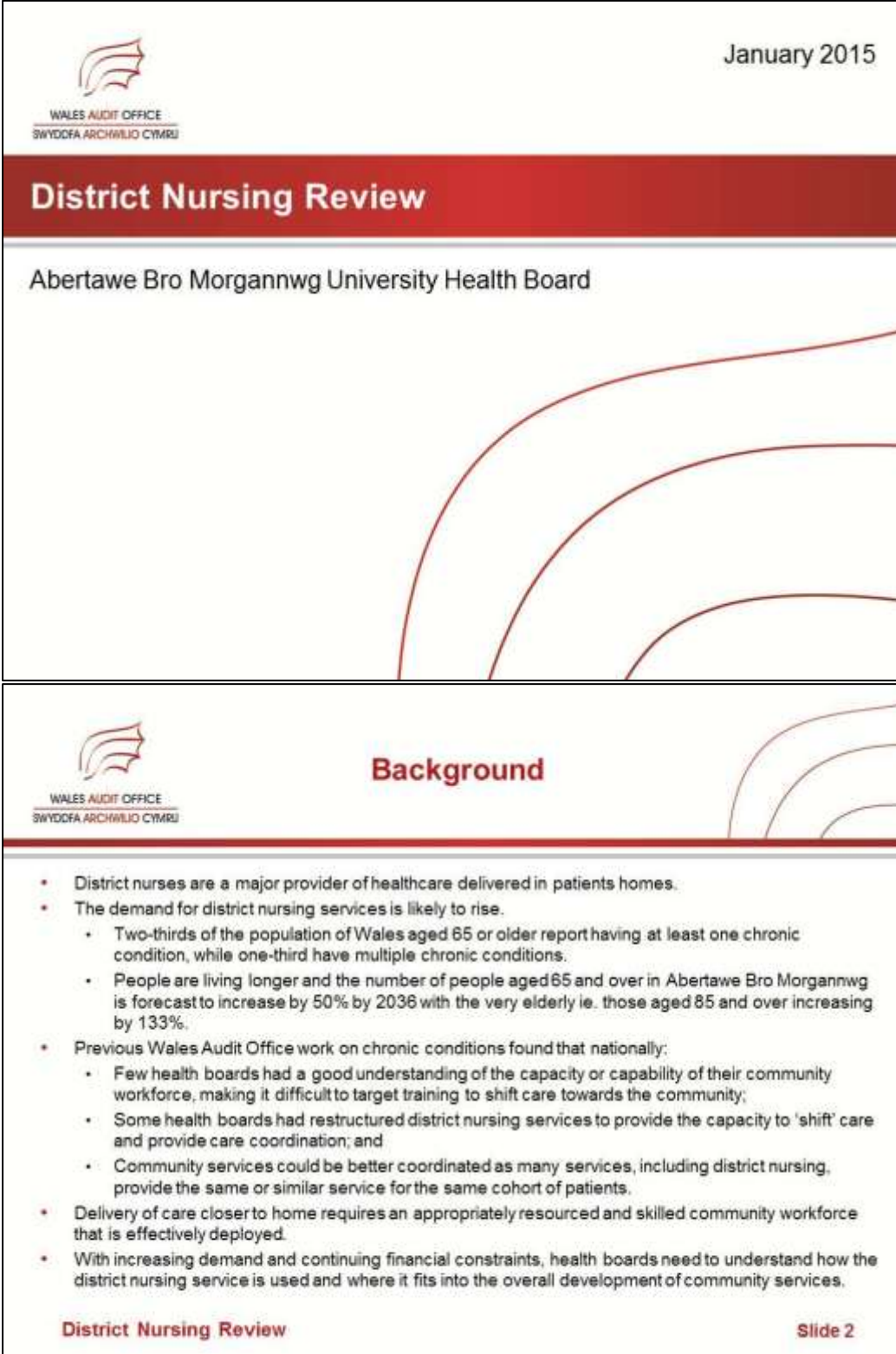
We carried out a number of audit activities between March and August 2014 to answer these questions. Each audit activity, described in the table below, was conducted in successive weeks to minimise the impact of one activity upon another.

Audit activities	Purpose
1. Team survey	<p>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.</p> <p>We received 50 completed surveys, including the three out-of-hours district nursing teams.</p>
2. Individual workload diary	<p>We asked all nursing staff, working as a part of a district nursing team at the time of the audit, to keep a seven-day activity diary between 30 March and 5 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.</p> <p>We received 309 completed diaries for the reference week. These staff included bank staff, third year pre-registration students and post-registration students. The diary survey captured 98 per cent of the staff scheduled to work during the reference week.</p>
3. Prospective survey of referrals to the service	<p>We asked district nursing teams to complete a short questionnaire survey about each referral the team received between 31 March and 6 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.</p> <p>We received 665 completed surveys.</p>

Audit activities	Purpose
<p>4. Caseload survey</p>	<p>We asked district nursing teams to complete a short 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 13 April and 26 April 2014. We sought information about the composition of the caseload, in particular the following factors:</p> <ul style="list-style-type: none"> • age and gender; • whether the patient is considered housebound; • types of care interventions; • frequency of visits; • length of time on the caseload; • whether nursing care is needed out of hours; and • whether the patients receives care or support from other community health care services, specialist nurses, social services and unpaid carers. <p>We received 5,512 completed surveys.</p>
<p>5. Health board survey</p>	<p>We asked the Health Board to complete a short questionnaire survey, which sought information about the model of provision for district nursing services, trends in workforce numbers and service expenditure, information on compliance with the appraisal and performance review process and statutory and mandatory training and arrangements for performance management, including aspects of quality and safety.</p>
<p>6. Workshops with team leaders and managers</p>	<p>We shared the findings from the data collection exercises with team leaders and managers from the three localities at two feedback workshops held in August and September 2014. These workshops provided an opportunity for team leaders to comment on the validity of the findings.</p>
<p>7. Workshop with senior nurse management team and executive directors</p>	<p>We met with senior managers and executive directors at the end of October 2014 to share our initial conclusions based on the audit findings.</p>

Appendix 2

Presentation of key findings

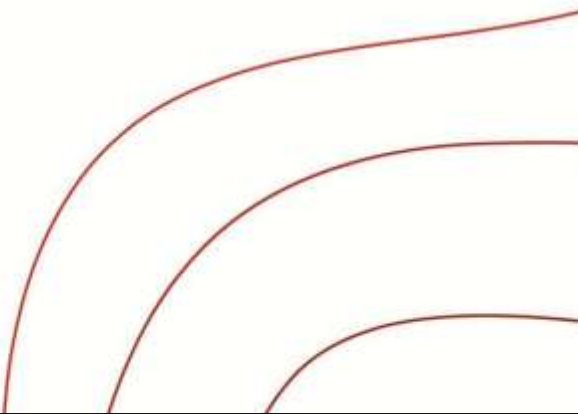


Wales Audit Office
SWYDDFA ARCHWILIO CYMRU

January 2015

District Nursing Review

Abertawe Bro Morgannwg University Health Board



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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.
 - People are living longer and the number of people aged 65 and over in Abertawe Bro Morgannwg is forecast to increase by 50% by 2036 with the very elderly ie. those aged 85 and over increasing by 133%.
- 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 into 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 resources to meet demand?
- Are staff effectively deployed?
- Are there effective arrangements to monitor and improve services?

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Overall conclusion

The role of the district nursing service is not clearly defined. There is unexplained variation in deployment, resources and demand are not sufficiently aligned, and there is a lack of systematic monitoring of quality and performance at an organisational level.

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Sub-conclusions

1. The Health Board has clarity in its vision for delivering more care in the community, but needs to define the remit of district nursing within the new integrated community nursing services.
2. The Health Board has an understanding of the demand for district nursing services, but needs to improve management of demand and align resources to match need.
3. The unexplained variation in the deployment and distribution of resources means that the Health Board cannot take assurance that its district nursing staff are effectively deployed.
4. The systems in place to monitor and report on the performance of the district nursing service are inconsistent between localities.

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Strategy and planning

The Health Board has clarity in its vision for delivering more care in the community, but needs to define the remit of district nursing within the new integrated community nursing services.

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Strategy

- a. The Health Board has clarity in its vision for delivering more care in the community, and to support the vision it is moving towards integrated health and social care services.**
- The Health Board, in partnership with local authorities and the voluntary sector, is working to align community nursing services, including district nursing services, into ten integrated community health and social care service networks.
 - The Health Board's Integrated Medium-Term Plan sets out its commitment to delivering more care in the community, to support the population to make healthier lifestyle choices and to empower people to manage long-term conditions.
 - 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.

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Operational plans

- b. The Health Board needs to define the remit of district nursing within the new integrated community nursing service.**
- There is no health board wide community nursing operational plan.
 - The Health Board's current district nursing service specification is out of date.
 - Working with local authority partners, each locality is responsible for driving integration of community health and social care services.
 - Although the principles and benefits of integrated working are agreed, locality operational plans to deliver integrated community health and social care services are not yet in place.
 - The role of the district nursing service in the planned integrated community health and social care services is not clearly defined making it difficult to plan changes to workforce numbers and skills.

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Lines of accountability

- C. The locality structure provides clear managerial and professional lines of accountability, but the localities operate in silos leading to variation in the way district nursing services are delivered.**
- Managerial lines of accountability are clear at locality level; however, each locality works in isolation, leading to variation in district nursing services.
 - Staff told us that each locality operates in a 'silo'; staff members are unaware how teams in other localities work.
 - Localities have clear monitoring and governance structures, with professional and clinical leadership in place to support staff.
 - Professional lines of accountability are clear at a locality and Health Board level.

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Resources to meet service demand

The Health Board has an understanding of the demand for district nursing services, but needs to improve management of demand and align resources to match need.

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Understanding demand

a. The Health Board understands demand measured by the number of patients on the caseload, but there is inconsistency in how localities measure dependency.

- The Health Board understands the demand on the district nursing service measured by the numbers of patients on their caseload and their high level needs.
- There are no standardised patient dependency tools in use by the Health Board and there is inconsistency in how localities measure dependency.
 - The Health Board is reviewing an All Wales acuity tool to measure the qualitative and quantitative needs of patients on the caseload.

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Understanding demand

Findings from the district nursing caseload survey:

- At the time of our audit, there were 5,512 'active' patients¹ on the district nurse caseload across 47 caseloads.
 - 87% of patients were aged 65 years and over; 37% were aged 85 or older;
 - 10% of patients had nursing needs outside core hours;
 - 41% of patients lived alone;
 - 70% of patients received support from an unpaid carer;
 - 77% of patients were considered to be 'housebound'²;
 - 95% of patients received a single-handed visit in their own home;
 - 16% of patients had been on the caseload for between one and two years, and 30% of patients had been on the caseload for more than two years;
 - 8% of patients received a daily or more frequent visit, 38% received a visit one or more times a week, 9% received a visit once a fortnight, 42% received a visit 1 to 6 monthly and 2% received annual visits.

¹ These are patients who have been visited by the district nursing team in the six months prior to the review and for whom another visit was planned. The total number of patients on the caseload may be an underestimate, because some teams did not include patients seen only once a year only (for an assessment).

² Patients classified as housebound are those individuals whose medical and/or psychological condition would deteriorate adversely if they left their own home environment.

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Managing demand

b. The management of demand for district nursing services needs to improve.

- Criteria for referrals to the district nursing service are in place, but eligibility is too broad.
 - The vast majority of referrals were deemed appropriate (97%).
 - District nursing staff told us that they provide care for patients that they believe should not be eligible to receive district nursing for reasons such as;
 - Other health care professionals referring patients that are not housebound; and
 - Perceived lack of viable alternative care providers.
- The district nursing service does not use a standardised referral form, and although referral information is considered adequate, basic information is missing.
 - In the new integrated community nursing networks there will be one single point of access in each network for all services operating within that network, and more information will be captured at the time of referral to help identify patients' needs.

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Managing demand

Findings from the district nursing referral survey:

- During the audit week, 665 referrals were received; an average of 14 referrals per district nursing team.
- Demand for district nursing services, occurs mainly during the week.
 - Nearly all referrals were received on weekdays, mainly on Mondays and Thursdays, with very few (4%) received on the weekend.
- Much of the demand for district nursing care is driven by referrals from GP practices followed by patients or their carers.
 - Two-fifths of referrals (41%) were received from GP practices.
 - Just over one quarter (26%) were received from patients or their family/carers.
- One quarter (25%) of referrals were for patients known to the district nursing service.
 - The district nurse data specification sets out how referrals are triaged and prioritised on urgency of need and audit findings show that;
 - Two-thirds of patients (66%) are 'seen' on the same day the referral was received, while a further one-quarter of patients (24%) were seen the next day.
 - Staff informed us that 'routine' patients are often seen on the same day of referral, because staff feel that an assessment of the patient is important to assess the urgency of need.
- Just over half (54%) the patients referred received on-going care after the first visit; a third (33%) of referrals resulted in a one-off visit; in 13% of cases the need for on-going care was yet to be decided.

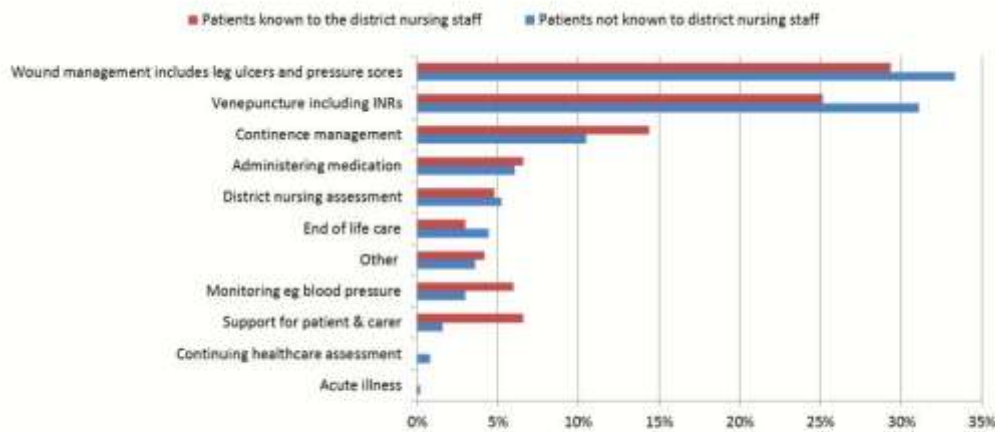
District Nursing Review

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Managing demand

Nearly one-third of referrals (32%) were for wound management, and a further 30% were requests for venepuncture.



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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?	73%
the medical history or diagnosis?	62%
whether the patient lives alone?	34%
how you would gain access to the patient's home?	34%
whether equipment or dressings would be required?	33%
whether the patient has a carer?	30%
whether other health professionals are involved in the patient's care?	23%
whether social services are involved in the patient's care?	17%
whether voluntary services are involved in the patient's care?	11%

District Nursing Review

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Available resources

C. It is not clear whether the Health Board has the right number and mix of district nursing staff to meet demand.

- The number of district nursing staff available for the population of registered patients is the lowest in Wales.
 - There are 2.1 whole time equivalent (wte) district nursing staff per 1,000 registered patients aged 65 and over in Abertawe Bro Morgannwg, compared with the Welsh average of 2.8 wte.
- The proportion of healthcare support workers is one of the highest in Wales, but there is variation between teams, and it is unclear whether the variation is based on need.
- Workforce requirements for the district nursing service are considered on a locality basis, with skill mix reviewed when vacancies arise. However, the number and skill mix have not been reviewed at a health board level to see if these meet current and future need particularly with the move to integrated community nursing services.
 - Some team leaders expressed concerns that when vacancies arise it can take between three and six months for the recruitment process to be completed from submission of vacancy to the employee starting work.
- There has been a modest reduction in the number of district nursing staff since 2009.
 - The number of band 6 and 7 district nurses have reduced in Neath Port Talbot, however, whilst the number and mix of district nursing staff in Bridgend has remained at similar levels since 2009.
 - Historical workforce data provided for the Swansea locality is incomplete, as a consequence analysis of trends in the numbers and grades of staff across the Health Board and within Swansea is not possible.

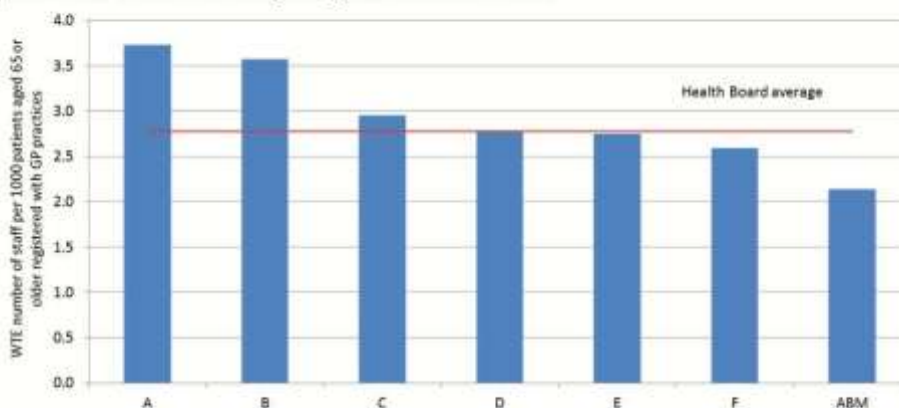
District Nursing Review

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Available resources

The number of district nursing staff available for patients aged 65 and older registered with GP practices in Abertawe Bro Morgannwg is the lowest in Wales.



Please note that Health Boards operate different service models.

District Nursing Review

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Available resources

The number of staff in Bridgend has increased slightly, while there has been a reduction in Neath Port Talbot.

Pay Band	Bridgend		Neath Port Talbot		Swansea ¹	
	2009	2013	2009	2013	2012	2013
Band 8 specialist or nurse practitioner	0.0	0.0	1.0	1.0	0.0	0.0
Band 7 - District nurse	14.0	11.0	17.6	10.8	31.0	32.3
Band 6 - District nurse	14.0	14.5	10.6	10.5	2.0	3.5
Band 5 - Community staff nurse	49.0	52.0	37.1	38.4	46.3	46.9
Band 3 - HCSW	15.0	15.0	10.9	13.5	14.1	14.1
Band 2 - HCSW	3.0	3.0	4.3	3.6	0.0	0.0
Totals	95.0	95.5	81.5	77.9	93.4	96.8

¹ Swansea data for 2009-11 unavailable

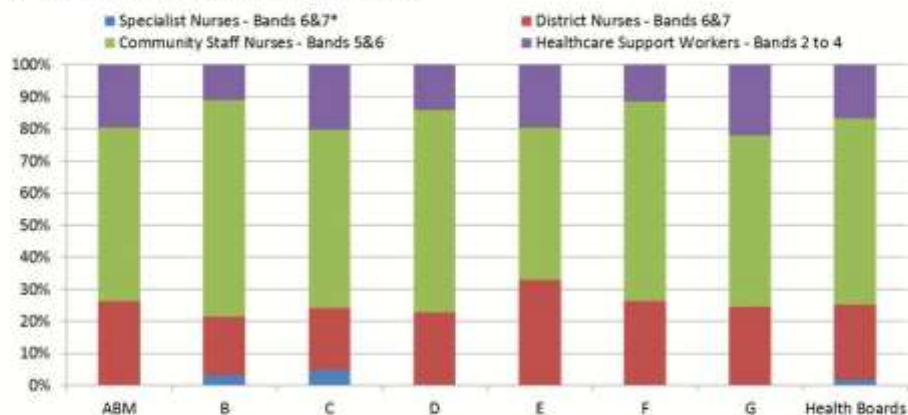
District Nursing Review

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Available resources

The proportion of healthcare support workers in Abertawe Bro Morgannwg district nursing service compares favourably with other health boards.



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

District Nursing Review

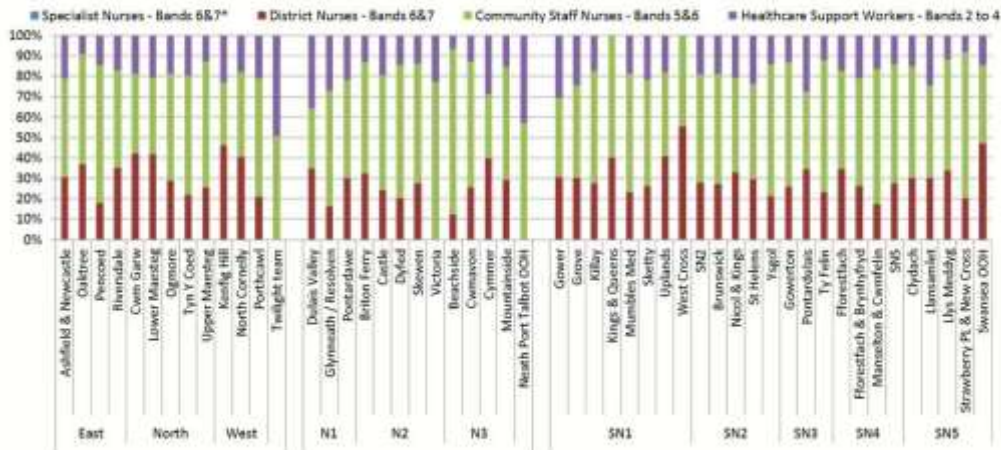
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Available resources

Health Board Support workers make up 20% of the district nursing workforce, but the proportion of healthcare support workers varies between teams.



District Nursing Review

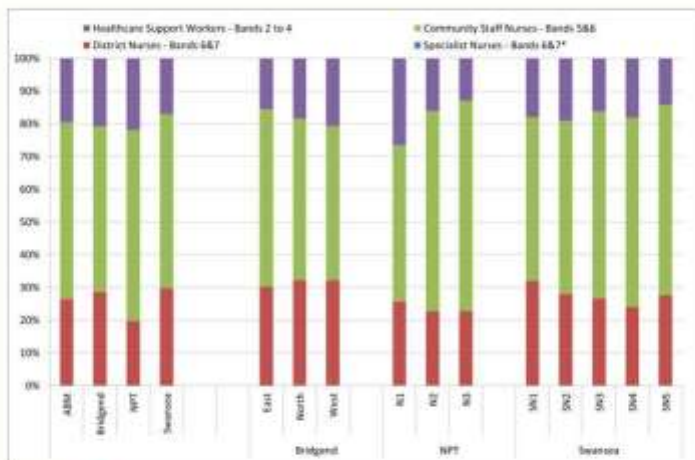
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Available resources

When compared at network, or locality level, the variation is less.



District Nursing Review

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WALES AUDIT OFFICE
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Equipping staff with skills to provide the service

d. The Health Board is actively investing in formal training for district nursing staff but inconsistent 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.
 - 63% of district nursing staff have received an appraisal of their performance (56% at Bridgend, 81% Neath Port Talbot and 52% at Swansea).
 - 63% of staff have had a review of their personal development plan in the last 12 months.
- Compliance with statutory and mandatory training varies between localities and compliance data held on locality systems are incomplete.
 - Team leaders told us that it is sometimes a challenge to release staff to attend statutory and mandatory training.
 - Team leaders indicated that not all teams have access to facilities for manual handling training.
 - Staff have indicated that they do not believe that there are enough staff to allow time for staff to train as trainers.
- Workload pressures are making it difficult for staff to access paid protected time for continuing professional development.
 - 20 teams reported never having access to paid protected time for continuing professional development.

District Nursing Review

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Equipping staff with skills to provide the service

d. Continued...

- Although the Health Board encourages clinical supervision for nursing staff, not all district nursing teams have a system in place.
 - six of the 50 district nursing teams have a system for clinical supervision in place.
- Typically, from the evidence gathered during the audit, registered district nursing staff make use of the skills for which they have received training; however, not all healthcare support workers make use of the skills for which they have received.
- The proportion of district nursing staff holding a specialist practitioner qualification is in line with the Welsh average.
 - Just over a quarter of registered district nursing staff (26%) at Abertawe Bro Morgannwg have a specialist practitioner qualification, the Welsh average is 27%.
 - The data provided suggests that some teams in the Health Board have no team members who hold a SPQ.
 - Some district nursing staff reported that the teams have difficulties releasing team members to undertake training for an SPQ.

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Equipping staff with skills to provide the service

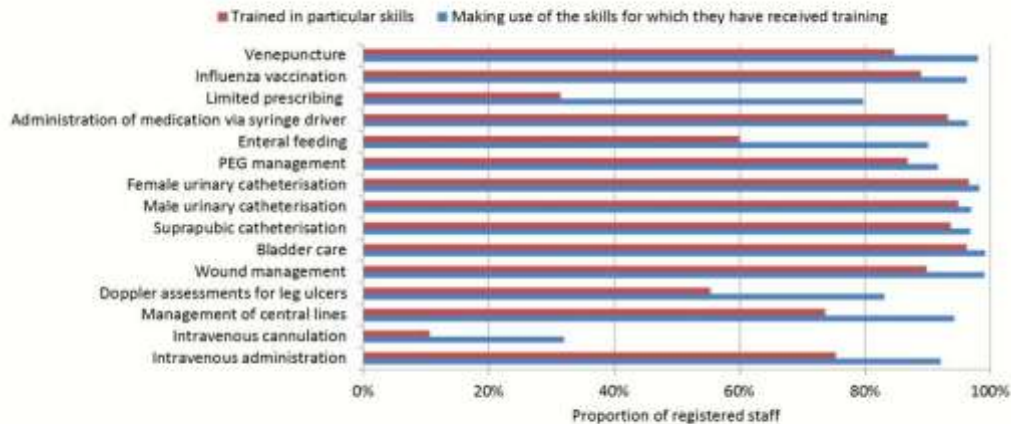
Statutory & mandatory training	Proportion of district nursing staff compliant with training		
	Bridgend	NPT	Swansea
Resuscitation	59%	95%	91%
Fire Safety	59%	90%	88%
Violence and Aggression	46%	95%	94%
Safeguarding Children	59%	77%	84%
Infection Prevention and Control	51%	95%	64%
Safeguarding Adults	57%	52%	82%
Moving and Handling	11%	50%	95%
Health, Safety and Welfare	Not known	95%	Not known
Equality, Diversity and Human Rights	Not known	70%	Not known
Information Governance	Not known	11%	77%

District Nursing Review

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Equipping staff with skills to provide the service

For some skills, such as IV cannulation, the proportion of registered district nursing staff trained is relatively small but overall, staff are utilising the skills for which they have received training.



Ideally, the blue bar would be at 100% if staff are making use of the skills for which they have received training.

District Nursing Review

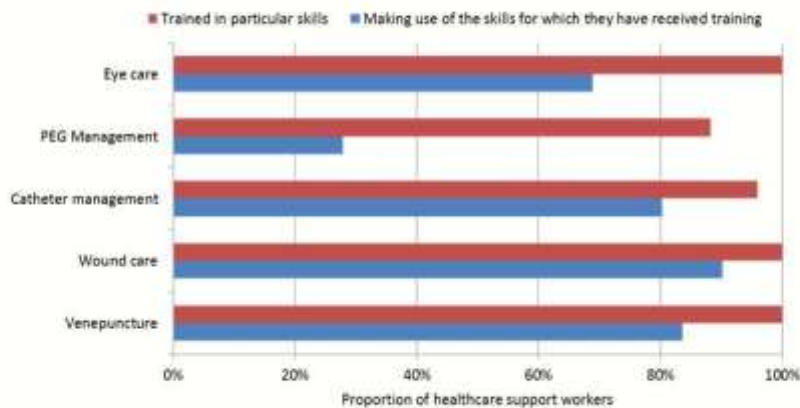
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Equipping staff with skills to provide the service

Overall, healthcare support workers are not making use of the skills for which they have received training, particularly in the case of PEG management.



Ideally, the blue bar would be at 100% if staff are making use of the skills for which they have received training.

District Nursing Review

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WALES AUDIT OFFICE
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Effective deployment

The unexplained variation in the deployment and distribution of resources means that the Health Board cannot take assurance that its district nursing staff are effectively deployed.

District Nursing Review

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Effective deployment

a. There is unexplained variation in the way district nursing teams spend their time.

- The proportion of time spent on direct patient care is better than the Welsh average.
- There are big variations in the proportion of time spent on direct patient care between teams.
- Overall, travel time accounts for a small proportion of patient related activity but the average time spent travelling per patient contact varies up to three fold 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.
 - In Swansea, the proportion of time spent on direct patient care by senior staff is higher than in other localities.
 - None of the teams have clerical support, which may account for the high proportion of time spent on 'admin' by some Band 3 staff.

District Nursing Review

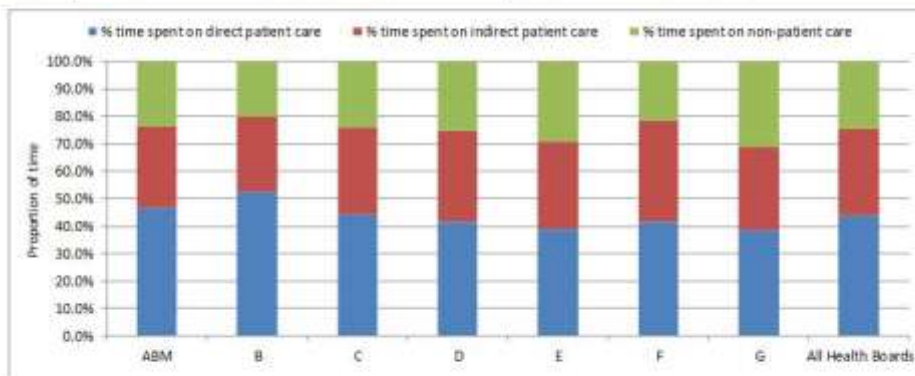
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Effective deployment

Direct patient care accounts for 47% of staff time compared with 44% for Wales.



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

District Nursing Review

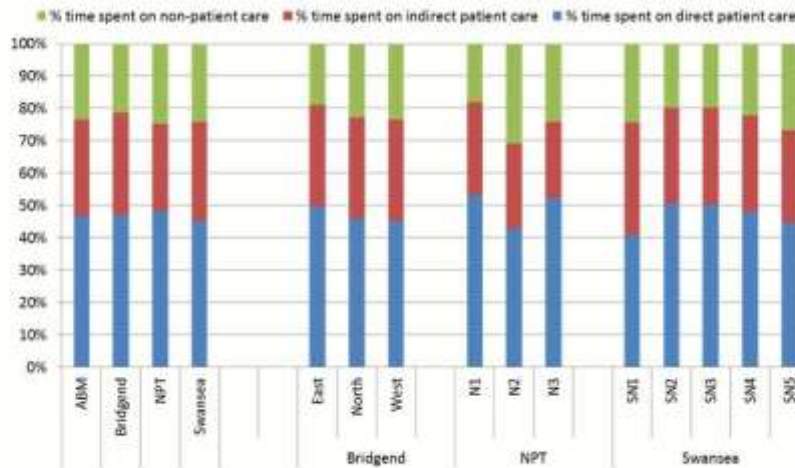
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Effective deployment

There is little variation in the time spent on direct care at locality and network level.



District Nursing Review

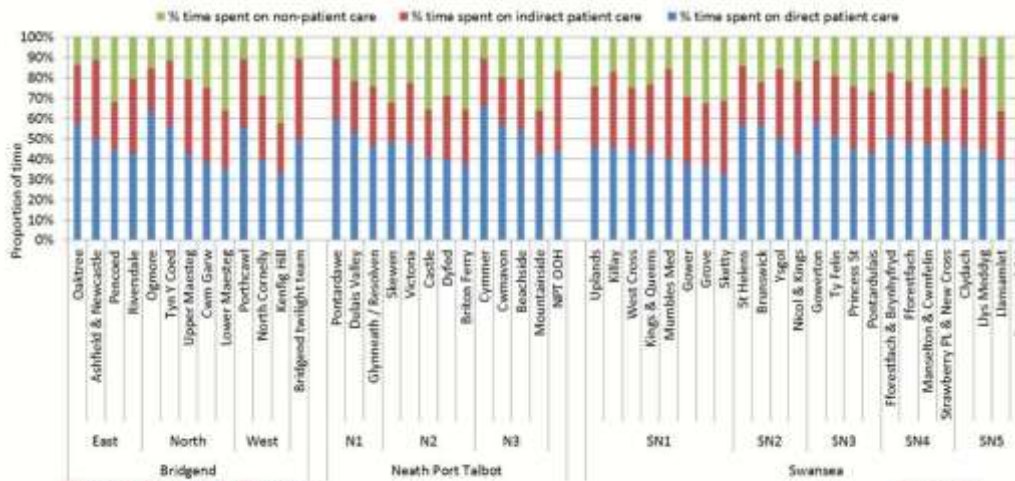
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Effective deployment

Across the Health Board, staff spend 47% of their time on direct patient care but this varies across teams from 30% to 66%.



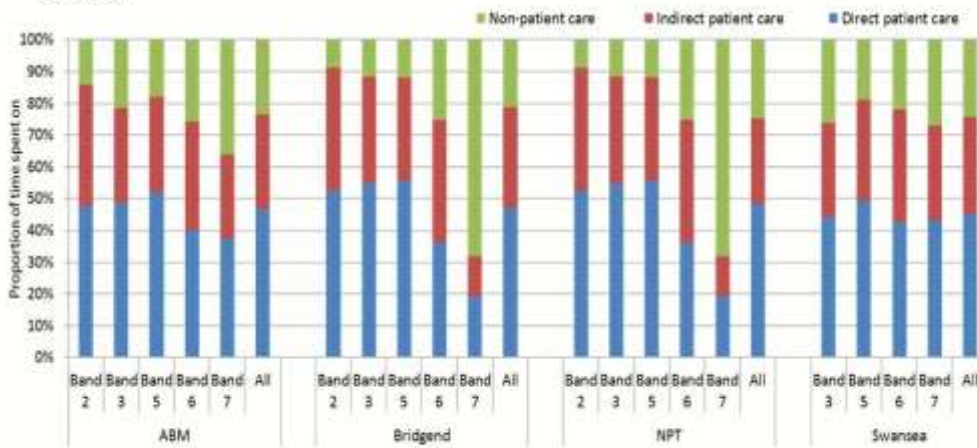
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Effective deployment

The proportion of time spent with patients and on non-patient related activity varies across grades, and localities.



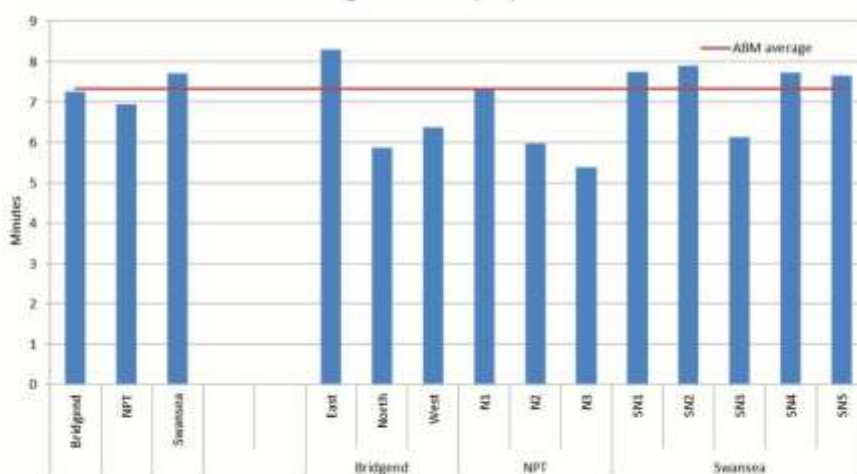
District Nursing Review

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Effective deployment

There is variation between the average travel time per patient between networks.



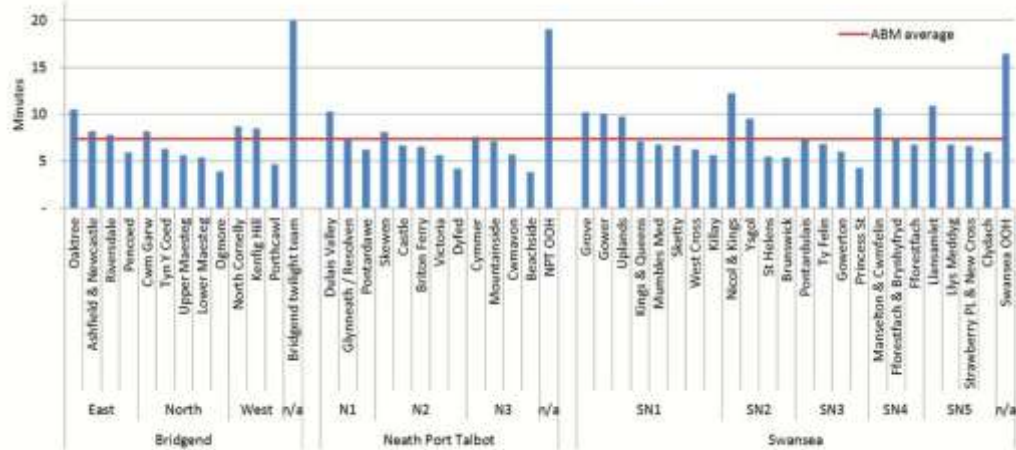
District Nursing Review

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Effective deployment

However, average travelling time per patient contact varies considerably between teams, with out-of-hours teams travelling on average four times longer for each patient visit.



District Nursing Review

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Matching resources to the caseload

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

- Workloads, as measured by the number of patients per district nurse, varies threefold between district nursing teams.
- District nursing staff undertook more than 10,210 patient visits or contacts during the audit week; however, 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 46.7 contacts per WTE staff, but this ranged from 25.4 to 76.6 contacts, while the average length of each contact was 22.5 minutes per team, ranging between 15.7 and 32.8 minutes per team.
 - These variations may reflect differences in patient dependency, distance travelled and location of care (e.g. clinics potentially more patients seen).
- During the audit week three-fifths of district nursing staff worked in excess of their contracted hours.
 - Staff, excluding pre and post-registration students and bank staff, worked anywhere from a few minutes up to 32 hours in excess of their contracted hours during the audit. For individual staff members, this ranged from a few minutes to a maximum of 22 hours for full-time staff and 33 hours for part-time staff.
 - The median excess hours worked was 4.0 hours, the equivalent of an additional 16.5 WTE staff. The median excess hours for part-time staff was 4.5 hours, and for full-time staff 3.7 hours.
 - Staff told us that it is not unusual for more senior staff to work in excess of their contracted hours, working through their lunch breaks and extra hours at the end of their shift.

District Nursing Review

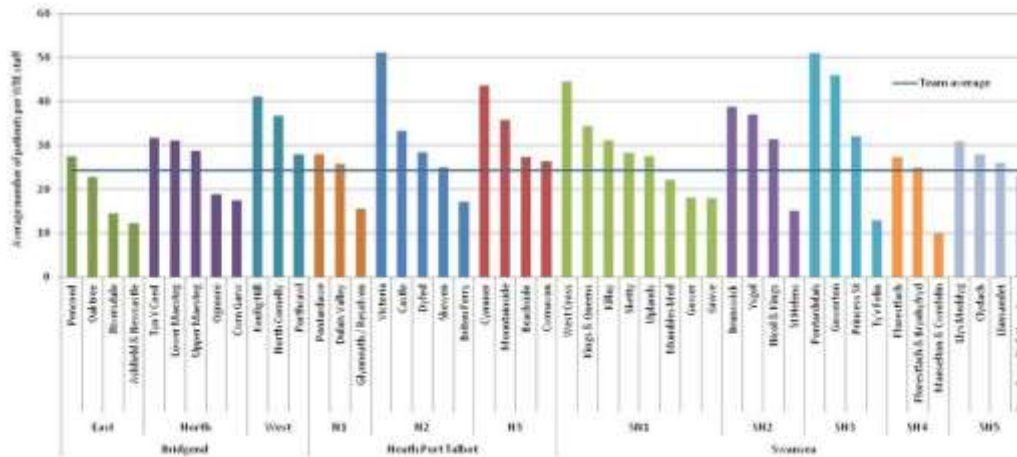
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Matching resources to need

Workloads, measured as numbers of patients per WTE staff, varies three to four-fold between district nursing teams, which may reflect variations in the complexity of the caseload.



District Nursing Review

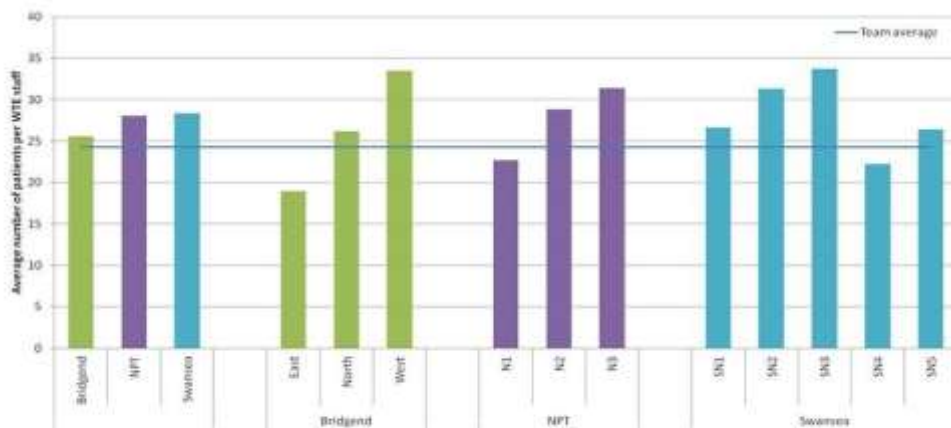
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Matching resources to need

Workloads, measured as numbers of patients per WTE staff shows less variation at network and locality level than at team level.



District Nursing Review

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Local caseload management

C. The Health Board could do more to support local caseload management.

- Caseloads generally never close but stretch to absorb new patients.
- The number of visits to patients in any one day is potentially unlimited.
- Some teams are looking after patients registered with practices outside the Health Board boundary.
- Annual practice audits are undertaken to review caseload and workload management within the district nursing service, but it is not evident how the audit findings are used to improve service delivery.
 - Whilst a substantial proportion of patients are admitted and discharged from the caseload in any one year, nearly half (46%) the patients have been on the caseload for more than one year.

District Nursing Review

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Local caseload management

C. Continued...

- Most patients are cared for in their own home but not all patients are 'housebound'.
 - More than four-fifths (88%) of patient contacts took place in the patient's home while 7% were made by telephone; few (2%) contacts took place in clinics'.
 - One in four teams provided clinics for patients.
 - A large proportion (78%) of patients were categorised as housebound, but the proportion of housebound patients varies from between teams from 20% to 98%.
 - Staff told us that patients are sometimes not home when they visited. These 'wasted' journeys accounted for 1% of staff time during the audit, but this raises questions about whether alternative care settings would be more appropriate.
 - Based on the average length of patient visit, district nursing staff could have more usefully used this time to make 218 visits to patients.
- Nearly two-fifths (38%) of patients on the caseload receive just one care intervention, typically for venepuncture.
 - A third of patients (33%) receive two care interventions, this is typically for venepuncture and treatment for pressure sores.

District Nursing Review

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Local caseload management

Nearly two-fifths (38%) of patients receive one care package/intervention, predominantly for venepuncture.

Typical care interventions for patients receiving one 'package of care'	Bridgend	Neath Port Talbot	Swansea	Abertawe Bro Morgannwg
Venepuncture	39%	23%	35%	33%
Care of urinary dysfunction	22%	23%	13%	18%
Wound management	10%	15%	22%	17%
Administration of medicines (routes other than IV and oral)	14%	20%	12%	15%
Preventing and treating pressure sores	6%	4%	4%	5%
Preventing and treating leg ulcers	2%	6%	5%	4%
Other eg palliative care, chronic illness	7%	9%	8%	8%

52.5% of all active patients (regardless of how many care packages they receive from the district nursing service) receive venepuncture.

District Nursing Review

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Co-ordinating care

d. District nursing teams are acting in the role of case manager, coordinating the varied healthcare services that patients receive.

- Many patients are receiving multiple healthcare services in the community with district nursing teams coordinating or case managing this care for the majority of patients.
 - Nearly a half (47%) of patients on the district nursing caseload were also receiving care or advice from other community healthcare services, specialist nurses or other healthcare professionals. The most frequently cited services were: continence, podiatry, dietary services, occupational therapy, tissue viability services and diabetes specialist nurses.
 - Two-fifths (38%) of patients receive care arranged by social services.
 - District nursing teams coordinate or case manage this care for 86% of the patients in receipt of multiple services (across Wales this ranges from 59% to 86%). Where the teams do not coordinate this care, GPs and specialist nurses are cited as the care coordinators.
- There are no formal systems in place to share information about patients between the different service providers and teams, with staff relying on good but informal communication links.

District Nursing Review

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Arrangements to monitor and improve services

The systems in place to monitor and report on the performance of the district nursing service are inconsistent between localities.

District Nursing Review

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Monitoring and reporting performance

- a. The Health Board has systems in place at a locality level to monitor and report on the performance of the district nursing service, but there is scope for improvement.**
- Systems for capturing and reporting on activity are inconsistent between localities, with little clarity about how the information that is captured is used to inform planning or improvements.
 - Data held centrally on compliance with statutory and mandatory training is incomplete.
 - The Health Board is developing a community nursing dashboard, which will include quality and safety measures for the district nursing service.
 - The Health Board undertakes annual practice audits, which includes observed clinical practice, record keeping, dignity and care of patients and medications management, but it is unclear how the outcome from the audit is used.
 - In all three localities, Operational Lead nurses 'go back to the floor' once a month, this provides opportunities for senior staff to monitor safety and quality.
 - Lead nurses hold monthly safety, quality and risk information meetings on a health board wide basis.

District Nursing Review

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Monitoring and reporting performance

d. Continued...

- There is no consistent health board wide approach for capturing feedback from patients using district nursing services.
 - The 'Fundamentals of Care' audit soon to be rolled out to district nursing services, will provide some information on patient experiences in the future.
- There is no evidence that the Board or its committees have discussed the performance of the district nursing service over the last few years.

Identifying and sharing good practice

b. The Health Board plays an active role in the development of district nursing services across Wales and learning and good practice is generally shared.

- Senior nursing staff actively contribute to the all-Wales forums related to the district nursing service.
- There are mechanisms to share learning and good practice within localities and through the health board wide forum, but there are mixed views of how well the information is cascaded and sharing across localities need to be strengthened.
 - The opportunities to share information between localities are limited. Team leaders hold monthly meetings within localities, whereas meetings used to be held on a health board wide basis.

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