

Agenda – Health, Social Care and Sport Committee

Meeting Venue:

Committee Room 3 – Senedd

Meeting date: 21 March 2019

Meeting time: 09.15

For further information contact:

Claire Morris

Committee Clerk

0300 200 6355

SeneddHealth@assembly.wales

Informal pre-meeting (09.15 – 09.30)

1 Introductions, apologies, substitutions and declarations of interest

(09.30)

2 Community and district nursing services: Evidence session with the Royal College of Nursing Wales

(09.30 – 10.30)

(Pages 1 – 31)

Lisa Turnbull, Policy and Public Affairs Advisor, Royal College of Nursing Wales

Sue Thomas, Primary and Community Care Advisor, Royal College of Nursing Wales

Anwen Jenkins, Senior District Nurse and Royal College of Nursing member

[Consultation Responses](#)

Research Brief

Paper 1: Royal College of Nursing Wales

Break (10.30 – 10.45)



Cynulliad
Cenedlaethol
Cymru

National
Assembly for
Wales

3 Community and district nursing services: Evidence session with representatives of Local Health Boards

(10.45 – 11.45)

(Pages 32 – 42)

Rhiannon Jones, Director of Nursing, Powys Teaching Health Board

Lesley Lewis, Head of Nursing Primary Care and Localities, Cwm Taf

University Health Board

Jo Webber, Head of Nursing for Primary and Community Division, Aneurin

Bevan University Health Board

Paper 2: Powys Teaching Health Board

Paper 3: Cwm Taf University Health Board

Paper 4: Aneurin Bevan University Health Board

Break (11.45 – 12.30)

4 Community and district nursing services: Evidence session with Welsh Government officials

(12.30 – 13.45)

(Pages 43 – 51)

Dr Andrew Goodall, Director General for Health and Social Services / NHS

Wales Chief Executive, Welsh Government

Professor Jean White, Chief Nursing Officer and Nurse Director of NHS Wales,

Welsh Government

Paul Labourne, Nursing Officer, Primary and Integrated Care, Welsh

Government

Paper 5: Welsh Government

5 Motion under Standing Order 17.42 (vi) to resolve to exclude the public from the remainder of this meeting

(13.45)

6 Community and district nursing services: Consideration of evidence

(13.45 -14.00)

Document is Restricted



Coleg Nyrsio Brenhinol
Cymru
Royal College of Nursing
Wales

Written Evidence of
Royal College of Nursing Wales to the
National Assembly for Wales
Health Social Care and Sport Committee
Inquiry into

Community and District Nursing
March 2019

Executive Summary

- Most Registered Nurses work in the community in a variety of roles and settings including public health. Adults and children with complex conditions receive care in the community as do those recovering from treatment or operations.
- The Welsh Government should set out a renewed vision for primary, community and social care including the role and value of community nursing.
- The Welsh Government should invest in supportive technology for Community Nursing. RCN Wales believes the use of hand-held devices with instant access to patient information should be standard across Wales.
- The Welsh Government, HEIW and NHS Wales should work together to increase the number of District Nurses in Wales
- The Welsh Government should extend the Nurse Staffing Levels (Wales) Act 2016 to community nursing services.
- The Welsh Government, HEIW and NHS Wales should work together to increase the number of Children's Nurses in community nursing

Introduction to Nursing in the Community

➤ **Most Registered Nurses work in the community in a variety of roles and settings including public health. Adults and children with complex conditions receive care in the community as do those recovering from treatment or operations.**

1. Contrary to the common and popular image of the nurse on the hospital ward most nurses work actually outside a hospital. Two thirds of the RCN's membership work in the community.

NHS Nurses working in the community could be District Nurses, learning disability nurses, community psychiatric nurses, specialist nurses, school nurses or a Health Visitor (Specialist Community Public Health Nurse). Practice Nurses and health care support workers working in GP surgeries form part of this collective nursing workforce in the community.

A third of RCN membership (half of those working in the community) work in the independent sector in the community e.g. for a hospice or a care home. These nurses and the care workers who are part of a nursing team also are part of this collective nursing workforce in the community.

2. Adults and children with complex conditions receive care in the community as do those recovering from treatment or operations. Some of our most vulnerable older people are supported 365 days of the year by community nursing delivering complex care and treatment packages at home.

Community nurses act as a valuable link between acute services, primary care and promote independent living. Nurses in the community specialise in many areas for example dementia, stroke, palliative care and Parkinson's disease and some have obtained additional qualifications to prescribe medications which ensure that older people receive a quality nursing service. Community nurses also signpost older people to appropriate third sector organisations for support befriending and advice.

Community Nurses have a holistic philosophy of care. Rather than focusing on a task –based approach (e.g. changing a dressing) it is about a range of caring activities that assess and respond to the whole spectrum of needs of people being cared for in their homes and communities. This fits perfectly with the aspirations of A Healthier Wales. Research clearly demonstrates the detrimental impact of care delivered without nursing input¹.

In other words, DNs are the present and future solution to community- based health and social care.

A nursing presence in residential care for older people is essential for:

- Continuous monitoring and assessment of residents' health and wellbeing; recognising cues to problems, anticipating problems; acting to prevent problems developing; preventing deterioration
- Managing acute illness and emergencies; preventing crisis situations; preventing unnecessary hospitalisation.

Nurses promote residents' independence through safeguarding, proactive, rehabilitative care; promote residents' health and flourishing; deliver high quality palliative care and end of life care for individuals; play a key role in advocacy for residents and families. With the increasing complex care needs of people in nursing homes there is a need for greater communication, sharing of professional knowledge and support between Health Boards and independent care providers.

The role of and vision for Community Nursing

- **The Welsh Government should set out a renewed vision for primary, community and social care including the role and value of community nursing.**

3. Recent years have seen a transformation of NHS healthcare and population need. Our population is living longer and living longer with chronic and

¹ Phelan, A et al 2018 Challenges in care co-ordination: missed care in community nursing. International Journal of Integrated Care, 18(S2):

complex conditions. For the last decade in Wales Health Boards have been reconfiguring acute hospital services, reducing bed numbers, encouraging shorter patients stays and enabling more complex treatments and care to be delivered at home. There is a renewed emphasis in Welsh Government policy on prevention and public health and an integration between health and social care.

The Royal College of Nursing is a strong supporter of these policy goals which, if implemented, will improve the experience of care for people and the efficiency of the healthcare system.

4. One of the unintended consequences of this policy shift however has been that 'social care' and 'primary care' are now the term most often used by decision-makers to describe care received outside a hospital. 'Primary care', is grouped and delivered through 64 clusters across Wales. 'Social care' is often used to mean any care delivered outside a hospital. There is a real danger that the contributions of nurses such as community and district nurses, but also groups such as occupational health nurses, school nurses and health visitors are becoming invisible to policy makers and undervalued.
5. The last Welsh Government Community Nursing Strategy was published in 2009 and rapidly superseded by the developments and cluster model of the Primary Care Strategy.
6. The CNO's guidance on District Nurses recommends that community nursing teams in Wales are structured on a cluster basis. However it is not clear if this is always the case in practice. There also is tremendous variation in how included community nursing teams are in cluster discussion, and vision. RCN Wales would like to see greater support from the Welsh Government for the development of non-medical leadership in clusters to broaden their vision.
7. The role of the Executive Nurse Director is community service design is limited and varied across Wales. Aligned community health services (e.g. continence, respiratory, diabetes, tissue viability, lymphedema, palliative and cancer services) are therefore run very differently across Wales. All of these affect the way district nursing teams work in each area and affects their caseload.

8. Regional Partnership Boards (RPBs) have been given a central role in progressing the integration agenda in Wales; 'A Healthier Wales' describes them as having a 'strong oversight and coordinating role' in delivering change. Given this central role, the RCN would like to see far greater transparency and scrutiny around the work of RPBs. Nursing input into service design is needed and it needs to be clear how and why projects are funded. If projects are successful there should be a mainstreaming process.
9. A plethora of funding initiatives have resulted in a myriad of different specialist nursing teams based in the community. In many areas there will be teams that are integrated with local authority or not integrated, have rapid response within the DN teams or have separated service such as rapid response, Community resource teams, ACAT or frailty. Some teams have specialist chronic conditions leads, some lack any and some teams have access to community based specialists for chronic conditions and work in partnership with them.
10. Many of these new initiatives are excellent in outcomes when their work is viewed in isolation but the wider strategic picture across Wales is unexamined leading to the following problems:
 - The new is prized over the successful: Initiatives are usually funded via a bidding process. This bidding process is in itself capacity-consuming. In addition many of our community nursing members tell us that they can no longer receive funding for proven successful mainstream work but only for unproven new schemes or 'rebadging' the old as new.
 - Lack of evaluation and mainstreaming: If a particular model of working is successful then it should be sustainably funded.
 - Lack of succession planning- when a specialist nurse leaves, too often the post cannot be filled or the post is removed resulting in a loss of service and a loss of any improved efficiency.
 - Deskillng of community nursing: Staff can be pulled from community nursing teams into a 'new' team such as frailty. If the new team requires skills such as IV medications this shift of people and/or ways of working can denude the community nursing team of the ability and confidence to deliver these skills. Community Nursing teams then can become

dependent on referrals to specialist teams undermining their ability to work flexibly at the level commensurate with need.

11. The current assessment system for Continuing Health care is placing a large burden on the most senior members of the community nursing team. Our members report up to a third of their time is occupied by repeated assessment to distinguish between health and social care needs and confirm this. The patient often gets caught up in this delay as the teams are overwhelmed with assessments that are time consuming.
12. RCN Wales is also calling for a national strategy to encourage student nurse placements in care homes, with practice nurses and in community teams to encourage the pursuit of community based nursing careers. However nurse mentors in community are finding that poor staffing levels and increased workload mean they are concerned about the education and placement experience that they are providing for nursing students in community.
13. Over all the RCN is receiving a picture from its members of a significant loss of resources and a constant devaluing of the skills and benefits received from a functioning community nursing service. The Royal College of Nursing believes the Welsh Government should set out a renewed vision for primary, community and social care including the role and value of community nursing. HEIW will launch a workforce strategy at the end of this year and the vision for the future of the service needs to be clear.

ICT Infrastructure, Documentation & Technology

- **The Welsh Government should invest in supportive technology for Community Nursing. RCN Wales believes the use of hand-held devices with instant access to patient information should be standard across Wales.**

14. The core role of the community nurse is to act as an intermediary between secondary, primary health care and also social services. It is particularly invidious therefore that community nursing has long-been at the back of the

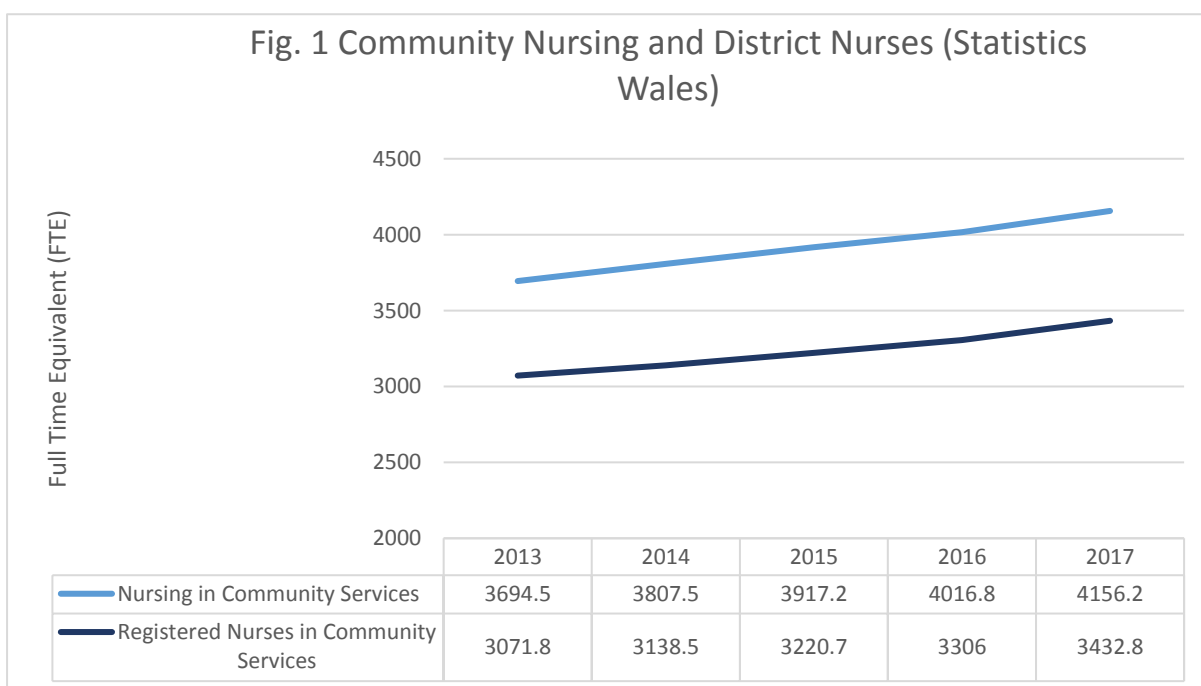
queue for investment in modern communications technology that can support and make their work more efficient.

Our members still report carrying large amounts of paperwork around and having to spend many hours updating records at the end of the day. A plethora of different recording methods are in use including handwritten, ipad , pc, phone. Written documentation is usually left in the patient's home but this can be problematic if the patient mislays it. RCN Wales believes the use of hand-held devices with instant access to patient information should be standard across Wales.

15. In a world where the knowledge base is expanding and changing so rapidly, ICT and access to the right technology can give nurses access to a world of knowledge and resources; not only patient records, but also current protocols, guidelines and the latest research findings. This is particularly valuable when delivering care within people's homes and in the community.
16. Welsh Government must show a concerted and expeditious commitment to investing in the use of technology in care delivery in Wales. Whilst any public spending on eHealth and new ICT systems will always require a high level of scrutiny, the NHS in Wales spends less than 2% of its funding on ICT – significantly less than the recommended figure of 4%. It is also essential that nurses are involved in the design of digital records and software systems to ensure their practicality in use.
17. There are many examples of good work happening in Wales in the field of eHealth and harnessing the latest technology. For instance, VR (virtual reality) and digital media (tablets, internet, etc.) are being used successfully with care home residents in a variety of ways. Digital Communities Wales has several examples of best practice on their website, including a case study on Woffington House Care Home in Tredegar. Here, the use of iPads combined with VR glasses, has allowed residents to revisit Aberystwyth in 1965 and experience roller coaster rides. The home has seen a 100% reduction in the use of anti-psychotic medications on an "as required" basis, as well as a reduction in falls and ambulance call outs.

The Community Nursing Workforce

- **The RCN believes that the Welsh Government should improve nationally held activity and outcome information on nursing care in NHS community settings to improve workforce and service planning.**



18. The graph above (fig.1) shows the increase in the number of registered nurses and nursing staff working in the community over the last 5 years. The RCN believes this increase needs to continue and more information required before need can be properly assessed.

- We know that there is a growing number of older people and other vulnerable groups needing nursing at home.
- We know there is the rise in the number of people with long-term conditions requiring complex care and support at home.
- We know that Health Boards have reduced the number of acute beds available believing that care in the community will replace this.

19. However the number of people receiving (or requiring) care and the level of their needs is not collated or published at a national level so it is very difficult to judge the level of nursing need required at a national level². How HEIW will address this is a matter of some concern for the RCN.

It should also be pointed out that we do not have outcome data on the patients receiving care so it is difficult to judge which models of care are most optimum from a patient perspective and from the perspective of efficiency with public money.

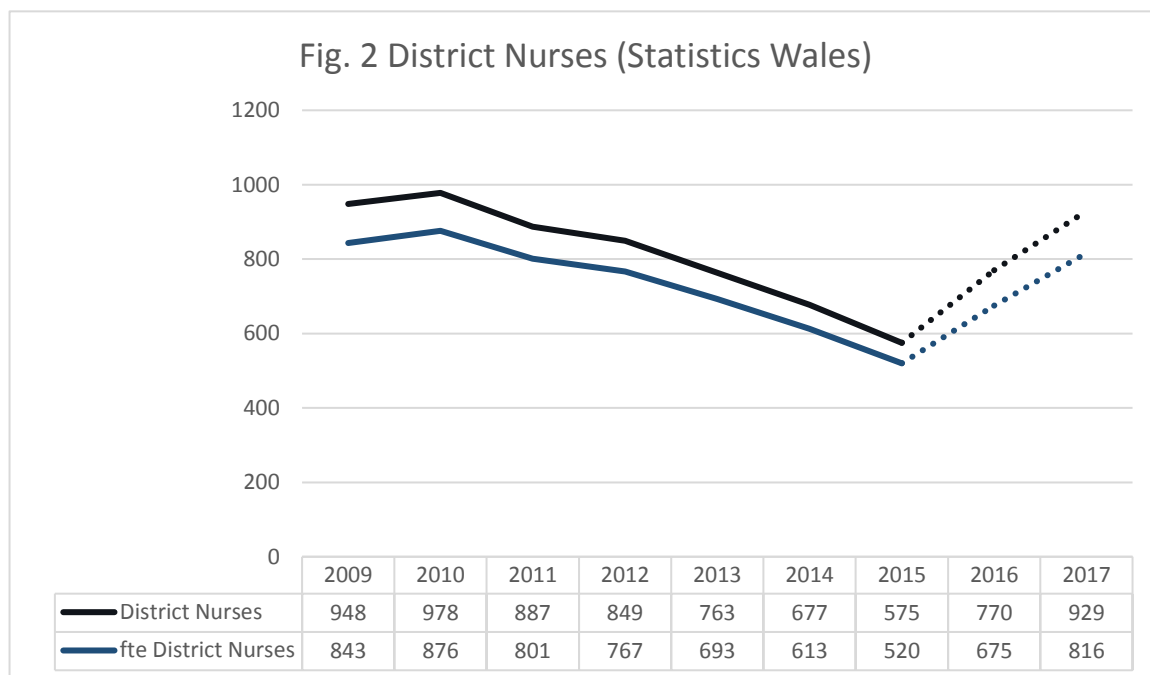
The RCN believes that the Welsh Government should improve nationally held activity and outcome information on nursing care in NHS community settings to improve workforce and service planning.

➤ **The Welsh Government, HEIW and NHS Wales should work together to increase the number of District Nurses in Wales**

20. The District Nurse is a title given to those with a Specialist Practitioner Qualification (SPQ). An SPQ is separately recordable on the Nursing and Midwifery Council register. It recognises a level of knowledge and practice that is highly skilled. It is a specialism in general community nursing. These nurses are the experienced pinnacle of a community nursing team providing clinical supervision and leadership to the registered nurses and health care support workers in the team.

² Thomas SJ, Wallace C, Jarvis P & Davis RE (2016) Mixed-methods study to develop a patient complexity assessment instrument for district nurses. *Nurse Researcher* 23(4), 9-13

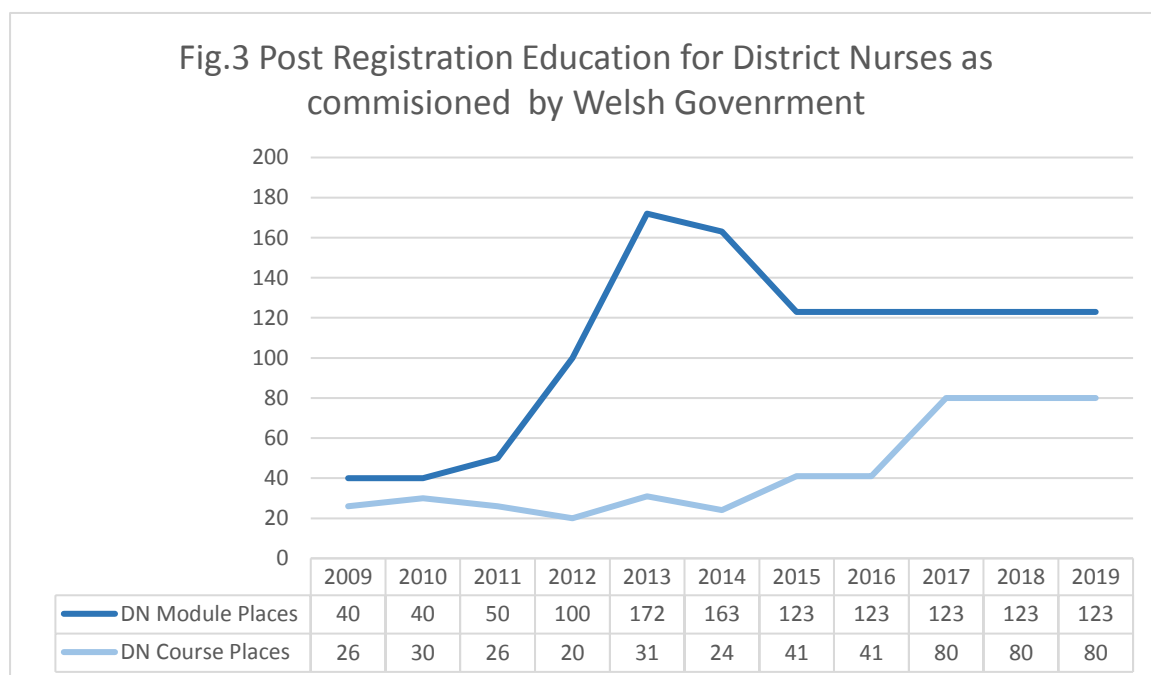
21. The position of the Royal College of Nursing is that ultimately the purpose of a qualification is to inform the public and employer of the standard of knowledge, practice and competence care they can expect to receive.
22. As well as the District Nurse qualification Registered Nurses can also undertake a post-registration (i.e. postgraduate) degree in community nursing. The RCN is calling for this to be a recognised and registered qualification. The Royal College of Nursing would expect a national framework to set out clearly the standard of knowledge, practice and competence and qualifications required for a senior leadership position in community nursing in Wales. An extension of the Advance Practice Framework for Nursing, Midwifery and Allied Health Professionals in the community may also be helpful.
23. A recent welcome development has been the publication by the Chief Nursing Officer of the “District Nurse Guiding Staffing Principles”. This makes a recommendation that all community nursing teams in Wales should be led (and deputised) by a District Nurse or by a nurse possessing a post-registration community nursing degree “aiming towards” supernummary status (i.e. allowing time to be spent on supervision or case management). The guidance also suggests least 15 hours administrative support for the team.
24. The Royal College of Nursing would welcome regularly published information on whether this standard has been achieved. We are aware from our members that this is not always the case. We are also aware of teams with no administrative support. In addition it is our view that each registered nurse working in the community should have completed the core module of community fundamentals but again this is often not the case. There can be no dilution of the quality of care for patients.
25. The graph (fig. 2) below shows the decline in the numbers of District Nurses in Wales. This is alarming and should be of concern to the Welsh Government.



The information in fig.2 is published by Statistics Wales. Statistics Wales is supplied with this information by Health Boards.

The graph shows an apparent increase in District Nursing numbers from 2016. The RCN has used a dotted line for this increase as unfortunately this information is not reliable. Some Health Boards have incorrectly coded all nurses working in the community as District Nurses. While there has always been an element of accidental miscoding in the data the scale of the problem has become serious enough to destabilise this quality of this series as a whole.

Statistics Wales are aware of the problem and RCN Wales has been informed they will use additional information from the NMC register to correct these figures in March 2019.

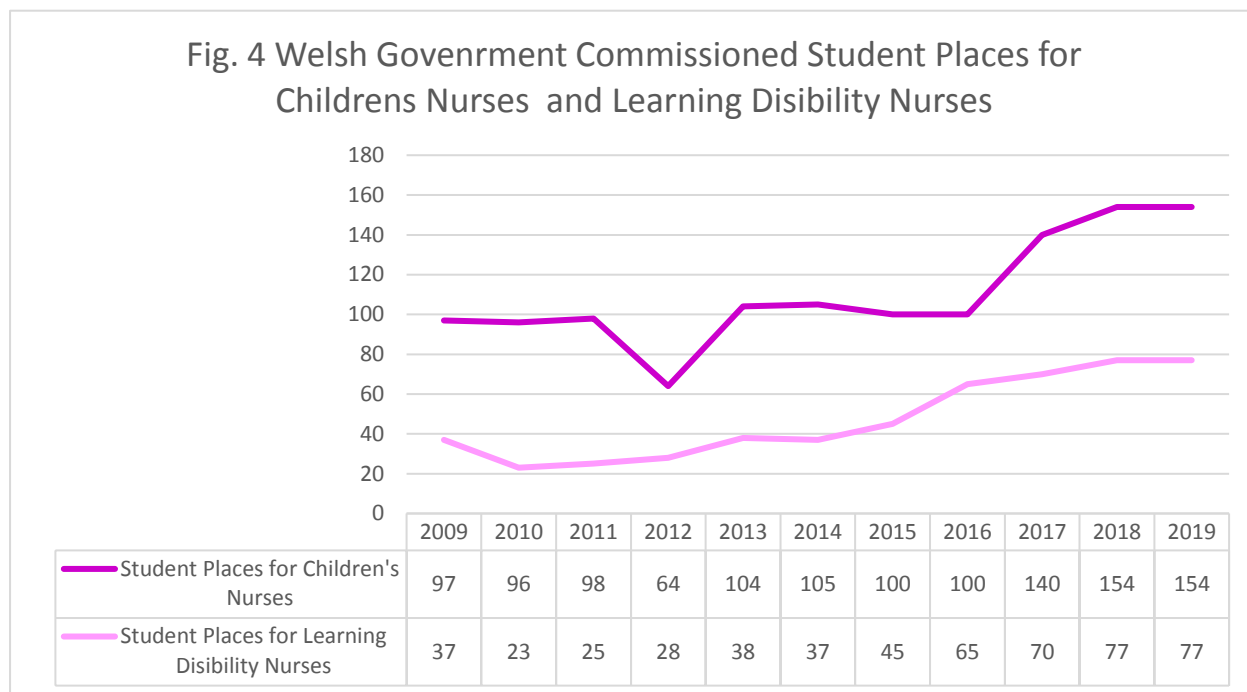


26. Education places for District Nursing are commissioned by the Welsh Government. Modules allow a flexible approach to learning. It can be seen from the graph above that the Welsh Government increased the number of education places commissioned in 2013 but this number has stabilised in recent years. Given the age profile of District Nurses and the increasing numbers of people being cared for in the community with complex conditions the Royal College of Nursing would argue there is a serious case to be made for increasing this provision.

➤ **The Welsh Government, HEIW and NHS Wales should work together to increase the number of Children’s Nurses in community nursing**

27. Traditionally Children’s Nurses were relatively few in number and hospital based. These days’ children with complex health needs can receive far more care at home. This means many more Children’s Nurses are needed in the community. Wound care & management, ventilation, BP monitoring, IV medication/ line management, enteral feeding support and palliative care are some of the services Childrens Nurses provide, along with vital education for other healthcare professionals and for carers and school staff. Learning

Disability Nurses are also in very short supply and are needed to support children and young people with challenging needs.



28. In 2017 and 2018 the Welsh Government increased the number of commissioned student places for Children’s Nursing but these figures remained static this year. As well as needing Children’s Nurses in the community here is also a sharp demand for Children’s Nurses in neonatal services– this means that the rise is by no means yet sufficient to meet need.

29. The RCN is calling for the Welsh Government to publish up to date figures showing the number of Childrens Nurses in the Community. HEIW should demonstrate how it is planning the workforce to meet need.

Extending the Nurse Staffing Levels (Wales) Act 2016 to the community

➤ **The Welsh Government should extend the Nurse Staffing Levels (Wales) Act 2016 to community nursing services.**

30. During the passage of the Nurse Staffing Levels (Wales) Act 2016 one of the areas much discussed in the Assembly Health, Social Care and Sport

Committee was why the Act could not be extended to the cover nursing in community settings.

31. The Welsh Government has committed to extending the Act to more care settings by the end of this assembly term and has taken steps forward in this field. The work stream looking at extension to the community has only recently been supported by the appointment of 2 year administrative support and a project lead. The Nursing Group established to oversee this work is currently looking at developing the Welsh Levels of Care Tool for use in the community. This would allow a consistent assessment of acuity and dependency in patients to allow for the consistent calculation of staffing need. There should be greater investment of support and a clear timeline of progress on this work.
32. It is the Royal College of Nursing belief that this work should be progress by the Welsh Government with a view to extending the Act by the end of this assembly term.

Annex A – RCN Nurse of the Year Community and District Nursing Winners

2018 Community Nursing Award Winner, and overall Nurse of the Year Winner: Eve Lightfoot, Community Infection Prevention Nurse, Hywel Dda University Health Board



EVE LIGHTFOOT

Eve became concerned that there was no teaching about sepsis or the early recognition of the deteriorating patient in the community, as these were perceived as 'secondary care' issues, so she started to raise awareness of the issue, and then commenced a research internship and undertook a research project. As a result a Community Situation, Background, Assessment, Recommendation template is being implemented; and National Early Warning Score, vital signs and SBAR are being incorporated into community nursing documentation and GP admission criteria. In addition a new out-of hospital Rapid Response to Acute Illness Learning Set group has been set up in HDUHB and there has been a standardisation of monitoring equipment and an increase in education provided to care homes and managers on sepsis recognition. Eve is passionate about this work,

never taking no for an answer and goes above and beyond what anyone would realistically expect, achieving significant change across care sectors and driving to improve patient safety and empower nurses.

2017 Community Nursing Award Winner: Paul Crank, Senior Nurse, District Nursing, Cwm Taf University Health Board

Paul has worked with his colleagues and teams to challenge ways of traditional thinking that have empowered and enabled teams to problem-solve in innovative ways. Paul has led the All Wales work in development of the acuity tool and testing of the principles on behalf of colleagues in Wales. His use of IT solutions to deliver care at home has been transformational and the work has been recognised as an exemplar for others. Through the creative utilisation of modern technology, he has engaged the nursing workforce to deliver responsive, outcome-focused care. Paul has demonstrated leadership, even in times of adversity, implementing learning and taking forward changes in practice on a wider scale, outside his own team and across the other healthcare organisations.



PAUL CRANK

2016 Community Nursing Award Winner: Jacqueline Jones, School Nurse, Hywel Dda University Health Board



Jacqueline developed a simple, yet unique way of engaging children in talking and opening up to professional help and advice in relation to their health and wellbeing by using items that they are familiar with as visual prompts to start conversations. The work is based on sound evidence and has been evaluated and reported on at a national level. Due to its simplicity, it could be effectively transferred across a range of settings and health and social care situations. Jacqueline’s passionate, highly motivated approach to her job and team was inspirational. Because of her developmental approach she has been thinking about ways to engage future generations and colleagues in healthcare and how to promote her idea across Wales and beyond.

2015 Community Nursing Award Winners: Ann Bamsey & Susan Grounds, Health Visitors, Powys Teaching Health Board

Ann and Susan recognised a need to support parent and infant relationships within their community. Together they facilitated ‘Little Dippers’ Aqua Tots group, a parent and baby swimming course which was an innovative project believed to help reduce postnatal anxiety and feelings of isolation for new mothers. The project went from strength-to-strength. Ann and Susan accessed grant monies which helped them to make the necessary changes to an unused area within their local community. They are now able to use this area to facilitate a form of gymnastic play. The peer support and friends gained from attendance has also encouraged parents to become involved in further health enhancing activities. Despite the pressures of austerity, Ann and Susan have sought out and secured funding which has enabled the sustainability of the core project. As well as this they have created a bilingual nursery rhyme book which accompanies and reinforces the songs that are sung throughout the water play. Ann and Susan have demonstrated the rich potential of the health visiting role in a project that combines family focused care, parent support and community development.



Ann Bamsey

*Flying Start
Health Visitor*

Susan Grounds

*Flying Start
Health Visitor*

Powys teaching Health Board



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd
Addysgu Powys
Powys Teaching
Health Board

Item 3

Y Prif Weithredwr /
Chief Executive

Ref: CS/RJ/SJ

28 February 2019

Dr Dai Lloyd AM
Chair, Health, Social Care and Sport Committee
National Assembly for Wales
Cardiff Bay
Cardiff
CF99 1NA

Dear Dr Lloyd

Re: Community and District Nursing Services

Thank you for your letter of 8 February 2019 addressed to [REDACTED] Chief Executive, regarding Community and District Nursing Services. I have been asked to provide you with the information requested. Please find enclosed an excel spreadsheet detailing:

The number of district nurse-led community nursing teams
The skill mix (registered nurses and healthcare support workers) covering 2014 to date.

In terms of the vacancy rate for Registered Nurses across Powys Teaching Health Board, for all specialties, the number at the 31 January 2019 was 79.5 whole time equivalent (WTE).

If you require any further information, please do not hesitate to contact me.

Yours sincerely

[REDACTED]
[REDACTED]
Executive Director of Nursing
enc

Pencadlys
Tŷ Glasbury, Ysbyty Bronllys,
Aberhonddu, Powys LD3 0LU



Headquarters
Glasbury House, Bronllys Hospital
Brecon, Powys LD3 0LU



**Powys Teaching Health Board Community and District Nursing Services
Skill Mix 2014-2019**

District Nursing Team	Jan-14			Jan-15			Jan-16			Jan-17			Jan-18			Jan-19		
	RN's	HCSW	Total	RN's	HCSW	Total	RN's	HCSW	Total	RN's	HCSW	Total	RN's	HCSW	Total	RN's	HCSW	Total
District Nursing Ystradgynlais	8.09	4.00	12.09	8.91	4.00	12.91	8.91	3.20	12.11	9.51	5.27	14.77	9.71	4.27	13.97	9.1	4.3	13.3
District Nursing Brecon	8.40	0.80	9.20	6.60	0.00	6.60	8.20	1.30	9.50	8.04	1.60	9.64	8.56	1.00	9.56	9.0	1.8	10.8
District Nursing Crickhowell	6.05	0.80	6.85	5.88	0.80	6.68	5.88	0.50	6.38	5.17	0.99	6.17	6.08	1.56	7.64	6.2	1.6	7.7
District Nursing Haygarth	5.00	0.80	5.80	5.67	1.60	7.27	4.71	1.29	6.00	5.07	0.80	5.87	5.83	1.60	7.43	6.6	1.6	8.2
District Nursing Llandrindod & Rhayader	8.05	1.41	9.47	9.26	1.41	10.67	8.01	1.41	9.42	8.23	2.21	10.45	7.76	2.21	9.97	10.5	2.2	12.7
District Nursing & In Reach - Glan Irfon Builth	11.34	4.20	15.54	12.25	5.40	17.65	10.31	6.40	16.71	8.91	5.82	14.73	10.03	6.40	16.43	9.9	6.4	16.4
District Nursing Knighton & Preswne	6.11	1.12	7.23	6.91	1.52	8.43	7.51	1.92	9.43	4.91	2.45	7.36	6.91	2.45	9.36	7.7	2.0	9.7
District Nursing Llanidloes	4.60	0.80	5.40	4.60	0.80	5.40	3.60	0.80	4.40	3.60	0.80	4.40	4.60	0.80	5.40	4.6	0.8	5.4
District Nursing Machynlleth & Cemmaes Rd	4.13	0.60	4.73	4.13	0.60	4.73	4.13	0.60	4.73	4.13	0.60	4.73	4.13	0.60	4.73	4.3	0.6	4.9
District Nursing Montgomery	4.80	0.80	5.60	5.60	0.80	6.40	4.80	0.80	5.60	5.00	0.80	5.80	4.20	0.80	5.00	5.3	0.8	6.1
District Nursing Newtown	5.45	0.91	6.36	5.60	0.91	6.51	5.40	0.91	6.31	7.49	0.91	8.40	5.71	0.91	6.61	6.5	0.9	7.4
District Nursing Welshpool	6.23	0.96	7.19	6.07	0.96	7.03	6.07	0.96	7.03	5.49	0.96	6.45	6.08	0.96	7.04	6.2	1.0	7.2
District Nursng Llanfair Caereinion	4.32	0.00	4.32	4.32	0.00	4.32	4.32	0.00	4.32	4.12	0.00	4.12	4.32	0.00	4.32	4.3	0.0	4.3
District Nursing Llanfyllin	5.69	0.93	6.63	5.59	0.93	6.52	4.73	0.93	5.67	5.75	0.93	6.68	5.75	0.93	6.68	5.7	0.9	6.7
District Nursing - North Evening Team	0.00	2.53	2.53	0.00	2.53	2.53	0.00	3.39	3.39	0.00	3.39	3.39	0.00	3.39	3.39	0.0	3.4	3.4
Grand Total	88.27	20.67	108.94	91.37	22.27	113.64	86.57	24.41	110.99	85.42	27.53	112.96	89.66	27.88	117.54	95.87	28.25	124.12

	Cwm Taf University Health Board response to the Health, Social Care and Sport Committee inquiry into community and district nursing services.
Contact	██████████, Director of Nursing, Midwifery and Patient Care. ██████████
Date:	25 th February 2019

Introduction

We welcome the opportunity to contribute to the Health, Social Care and Sport Committee Inquiry into community and district nursing from a Cwm Taf UHB.

Overview

Our District Nursing Service provides community nursing services to the 4 localities of Cwm Taf UHB – Cynon Locality, Merthyr Tydfil Locality, Rhondda Locality & Taff Ely Locality. Each team is GP attached and aligned to our Primary Care Clusters. The teams also work closely with Local Authority and 3rd sector partners.

In line with the Interim District Nursing Staffing Principles, each District Nursing team has an identified team leader holding a District Nursing Specialist Practitioner Qualification (SPQ) and at least one deputy team leader, also holding the SPQ.

Our team composition also includes Healthcare Support Workers and community staff nurses with a skill mix ratio of 80:20, (registered: unregistered) which is comparable to the skill mix across Wales.

Our Health Care Support Worker (HCSW) staff are band 3 and undertake a range of delegated duties from the registered workforce. Additionally, we are piloting a band 4 HCSW role as part of the Welsh Government Neighbourhood nursing pilot.

Additionally, we are piloting administrative support for 2 DN teams in the North Cynon cluster in line with the Neighbourhood Nursing pilot. The remainder of the DN teams do not have administrative support.

The UHB currently have a dedicated night service that links with Out of Hours and provides the service across the Cwm Taf footprint.

Terms of Reference

A detailed overview of the skill mix of our community nursing / District Nursing service is detailed in Table 1.

Table 1

Cluster Name or identifier	Team name	Funded establishment of registered nurses (WTE)	Funded establishment of Healthcare Support Workers (WTE)	Total Establishment
North Cynon	Hirwaun & Park	7.64	3.8	11.44
	St Johns	4.8	3.6	8.4
	Aberdare	9.92	2	11.92
South Cynon	Mountain Ash	6.39	1	7.39
	Abercynon	6.4	1	7.4
North Merthyr Tydfil	Merthyr Town	8.6	2.33	10.93
	Pontcae	6.3	1	7.3
South Merthyr Tydfil	Morlais	9.2	2	11.2
	Merthyr Valley	7.4	2	9.4
North Taf Ely	Eglwysbach	6.26	2.12	8.38
	Taff Vale	8.05	1.97	10.02
	Ashgrove	8.15	1.6	9.75
South Taf Ely	Parc Canol	9.38	1.6	10.98
	New Park	7.2	0.8	8
	Old School	6.85	1.65	8.5
North Rhondda	Tonypanydy	10	1.68	11.68
	Forestview	8.49	2.66	11.15
	Ystrad	4	0.75	4.75
South Rhondda	Ferndale	8.4	1.65	10.05
	Cwm Gwyrdd	8.09	1.24	9.33
	Porth	9.93	1.7	11.63
UHB wide	Nights	4.13	4	8.13
Health board totals	22 teams	165.58	42.15	207.73

	2019	2018	2017	2016	2015
Merthyr & Cynon	85.38 WTE	85.38 WTE	85.38 WTE	85.38 WTE	85.38 WTE
Rhondda & Taff Ely	122.35 WTE	122.35 WTE	122.35 WTE	122.35 WTE	122.35 WTE
Total	207.73 WTE	207.73 WTE	207.73 WTE	207.73 WTE	207.73 WTE

The UHB do not currently have any vacancies in respect of District Nursing and have recently recruited 8 additional community staff nurses and 8 HCSW to support the transformational model within the UHB which are additional posts, not included above.

These posts are intended to release district nursing time to support the development of the Enhanced Care model currently being considered by Welsh Government.

The UHB are currently participating in the Welsh Government pilot for Neighbourhood Nursing in a valleys, urban and rural setting.

The purpose of the pilots is to test a prototype model, for a comprehensive Neighbourhood District Nursing service. It builds on local and international evidence as informed the interim district nurse staffing principles, and supports the transformation required to reform our community nursing services.

The pilots of neighbourhood focused District Nursing team will be an integral part of the enhanced multi-disciplinary primary care team a person-centred, coordinated and prevention focused nursing service to a local community. These teams will take a public health approach, caring for a designated population, aligned within a cluster, promoting independence, safety, quality and experience with the ethos of home being the best and first place of care.

The quadruple aim quality improvement methodology will be used. There will be clear outcomes developed in partnership with patients and families based on “What matters to me”, linked to a robust evaluation and learning, to answer the question, ‘Can this work in Wales?’

The pilots will take into consideration the prudent healthcare approach and the policy for operating on the basis of multi - professional teams, while drawing on Buurtzorg principles and approach, this will be adapted to reflect key Welsh policies.

As such the pilots will be part of cluster development and implement the recently published interim district nurse staffing guiding principles and fully comply with the Welsh Audit Office District Nursing Service in Wales – A check list for Board Members.

The Cwm Taf UHB approach will focus on 2 Neighbourhood District Nursing Teams in North Cynon which will be an integral part of the enhanced multi-disciplinary Primary Care Team. This team will care for a designated population, aligned to GP Practices, promoting independence, safety, quality and experience with the ethos of home being the best and first place of care.

To do this the team will work in partnership with patients, carers and their families, General Practitioners, and other health and social care professionals as part of a wider multidisciplinary team. The team will build on our strong links with Local Authority partners in the delivery of social care.

Reviewing the international literature it is clear that Information Technology is the key enabler in supporting community district nursing teams. The Buurtzorg Model is underpinned by a sophisticated IT infrastructure, therefore, as part of the Cwm Taf UHB pilot we are testing an automated clinical scheduling of patient visits which is not linked to WCCIS.

Principles

- Person centred care - putting the person at the centre of holistic care, maximising opportunities for co-production and co-design of service delivery;
- Building relationships with people to make informed decisions about their own care, which promotes well-being and independence with active involvement of family, neighbours and the wider community, where appropriate;
- Everyone, including support functions, will facilitate person-centred care at the point of delivery;
- Small self-organising teams that are embedded in the enhanced multi-disciplinary team in primary care and GP aligned within a geographical location;
- Supportive management structures that enable professional autonomy.

Objectives

There are three main objectives:

1. To provide high quality person-centred care maximising independence;
2. To ensure staff enjoy their jobs and work to their full potential;
3. To ensure the effective use of all resources.

How will the Neighbourhood District Nursing Team transform care in the community?

The Neighbourhood District Nursing team will be the central and first place that patients, families and General Practitioners will go to, to access nursing care at home. This model will ensure sensitivity to the local population needs and maintain a focus on population health and well-being of a geographical/GP location (10,000 citizens) and work as part of the integrated primary care multi-disciplinary team.

The team will be supported to have an in depth understanding of the health needs of their population and the capacity to flex their resources to meet this need. As a result they will strengthen their public health role in the promotion of good health and well-being focusing on disease and injury prevention and healthy aging, and adopting the *Making Every Contact Count* approach. They will support people who have District Nursing care needs, long-term conditions, palliative and end-of-life care needs. This will be with a focus on remaining at home and ensuring that the fundamentals of care are provided in partnership. This model will support work on Anticipatory Care linked to the work on Patient Stratification and Segmentation of a practice population.

The team will work in different ways, and with different groups linking with Local Authority partners, community and voluntary organisations to promote independence and community cohesion.

As the core care team they will draw on the expertise of the enhanced primary care multi-disciplinary team, specialist nurses, and others when required. This will support the development of a strong therapeutic relationship between the Neighbourhood District Nursing Team, the patients and their family thereby reducing the numbers of staff entering a patient's home.

Conclusion

The UHB welcomes the opportunity to contribute to the inquiry into Community and District Nursing Services.



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Aneurin Bevan
University Health Board

Our Ref: MP/lb [REDACTED]

26 February 2019

[REDACTED]
Policy and Public Affairs manager
Welsh NHS Confederation

Dear [REDACTED]

Re: Community and District Nursing Services

Further to your email of 7 February regarding your request for us to provide a response/comments to the Terms of Reference. Please find below ABUHB's response:

How many District nurse-led community nursing teams are there in your Health Board area?

23 Teams

Information about the make-up of these teams i.e. numbers of staff and skill mix (Registered Nurses and Healthcare Support Workers)?

Please see attached accompanying spreadsheet.

An up-to-date position on the total number of nursing vacancies (registered nurses) within your Health Board.

14.9 wte vacancies District Nursing
330 wte – Health Board total

[REDACTED]

[REDACTED]



Bwrdd Iechyd Prifysgol Aneurin Bevan yw enw gweithredol Bwrdd Iechyd Lleol Prifysgol Aneurin Bevan
Aneurin Bevan University Health Board is the operational name of Aneurin Bevan University Local Health Board

The Health, Social Care and Sport Committee is calling for evidence about whether community nursing services are likely to play a greater role in the future delivery of healthcare, focusing on: Whether we have a clear picture of the district nursing/community nursing workforce in Wales, and the level of need for community nursing services (including future need). Do we have the evidence base to support effective workforce planning.

Within ABUHB with our Clinical Futures Programme, we are working towards a Place Based Model of Care and District Nurses are key to the success of this model. The aim of this patient centred model is to address the increasing demands on primary care services by moving from a single-handed uni-professional approach to care to a system based approach whereby multi professionals both Health and Social Care work collaboratively within primary care teams. We have already implemented such a model, in some areas, through co-locating District Nursing and Social Care Teams aligned to the NCN footprint (Blaenau Gwent, Monmouthshire).

Whether there is clear strategy, at National and Local levels, about the future direction for district nurse-led community nursing services. How well aligned is this with the development of the primary care cluster model for example, and with the vision for health and care services set out in A Healthier Wales.

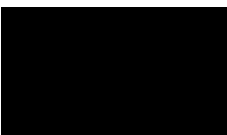
This Place Based Model of care supports the quadruple aims set out in A Healthier Wales by improving population Health and Wellbeing through the development of a holistic primary care MDT mode which provides a more proactive and preventative approach to care, with patients managed earlier. District Nurses will be the case managers for a majority of these patients and will be working with patients to adopt a self-management approach to patient care.

How effectively Community Nursing Teams are able to work with a range of professionals and agencies (including primary and secondary care services, social care services, and the voluntary sector) to deliver seamless, person-centre care.

ABUHB has been selected to be one of the three pilot sites for the Neighbourhood District Nursing Model, with the aim being, to work in partnership with Health, Social Care and Voluntary Organisations to support people to live well for longer at home or in a homely setting of their choice.

If you require any further information, please do not hesitate to contact us.

Yours sincerely



Interim Director of Nursing

		2013/2014				2019			
		Total budgeted WTE	Budgeted WTE for RGN	Budgeted WTE for HCSW	Skill mix	Total budgeted WTE	Budgeted WTE for RGN	Budgeted WTE for HCSW	Skill mix
Blaenau Gwent	BG East	N/a	N/a	N/a	N/a	23.27	20.67	2.60	89:11
	BG West	N/a	N/a	N/a	N/a	22.21	19.80	2.41	89:11
	Cwm	12.21	11.33	0.88	93:7	N/a	N/a	N/a	N/a
	Tredegar	9.27	8.40	0.87	91:9	N/a	N/a	N/a	N/a
	Abertillery	12.87	11.20	1.67	87:13	N/a	N/a	N/a	N/a
	Brynmawr	11.26	10.26	1.00	91:9	N/a	N/a	N/a	N/a
Torfaen	North 1	10.54	8.40	2.14	80:20	10.39	8.60	1.79	83:17
	North 2	9.51	8.03	1.48	84:16	14.41	11.93	2.48	83:17
	South 1	10.53	8.73	1.80	83:17	12.40	10.00	2.40	81:19
	South 2	10.13	8.13	2.00	80:20	12.44	10.07	2.37	81:19
	Central	8.60	6.80	1.80	79:21	N/a	N/a	N/a	N/a
Monmouthshire	Abergavenny	9.63	9.23	0.40	96:4	11.09	10.29	0.80	93:7
	Caldicot	10.30	9.70	0.60	94:6	8.99	8.00	0.99	89:11
	Monmouth	N/A	N/A	N/A	N/A	12.15	10.78	1.37	89:11
	Chepstow	8.96	7.56	1.40	84:16	8.99	7.87	1.12	88:12
	Usk/Raglan	8.37	8.37	0.00	100:0	5.50	4.70	0.80	85:15
Newport	Central East	12.52	11.52	1.00	92:8	14.24	13.24	1.00	93:7
	Central West	9.87	8.58	1.29	87:13	12.36	10.00	2.36	81:19
	North West	9.80	9.11	0.69	93:7	16.78	15.26	1.52	91:9
	North East	8.50	7.37	1.13	87:13	N/a	N/a	N/a	N/a

	South East	9.73	8.40	1.33	86:14	10.40	9.80	0.60	94:6
	South West	15.35	14.15	1.20	92:8	16.36	14.92	1.44	91:9
Caerphilly	Risca	11.51	10.45	1.06	91:9	11.85	10.31	1.54	87:13
	Denscombe	15.00	13.00	2.00	87:13	14.87	13.37	1.50	90:10
	Pontllanfraith	13.64	11.64	2.00	85:15	13.37	11.24	2.13	84:16
	Bargoed	13.40	12.40	1.00	93:7	11.90	10.40	1.50	87:13
	Rhymney	9.51	8.00	1.51	84:16	9.81	8.40	1.41	86:14
	Ty Bryn	8.60	7.00	1.60	81:19	10.62	8.95	1.67	84:16
	Ystrad Mynach	11.40	10.40	1.00	91:9	11.80	10.80	1.00	92:8
	Gwent Total	281.01	248.16	32.85	88:12	296.20	259.40	36.80	88:12

Evidence from Welsh Government

NATIONAL ASSEMBLY FOR WALES: Health, Social Care and Sports Committee - Inquiry into Community & District Nursing.

Date: 21 March 2019

Venue: Senedd, National Assembly for Wales

Title: The Future of Community & District Nursing

Purpose: To provide supporting information in relation to the inquiry into community & district nursing and planning for its future deliver.

Introduction

To deliver on the strategic aspirations set out in '*A Healthier Wales*' - that emphasises improved disease prevention and early intervention, with a shift to provide services closer to home - Welsh Government recognises the need to harness the expertise of all the health and care professionals working in communities. This evidence paper focusses primarily on community and district nurses. However, it is noted that success in delivering improved services to the Welsh population in line with our approach in the *Primary Care Model for Wales* will require a more integrated approach of public services and third sector organisations, with the work of health and care professionals being coordinated around primary care cluster footprints and focussed on the needs of the individual.

Nurses undertake a wide variety of roles in the community, the core of which are the physical care services provided by district nurse-led teams. The diversity of community nursing roles includes: specialist children's nursing services, chronic conditions management, crisis intervention teams, community psychiatric nursing services, community learning disability nursing and general practice nursing roles. There is opportunity for nurses to develop enhanced skills and advanced practice which is increasingly seeing them manage patient care in the community. Their roles are being developed based on Prudent Health and Care Principles and Quadruple Aim.

There are numerous examples of innovative practices supporting people to live independently and receive care at home. The Royal College of Nursing (RCN), Nurse of the Year (Wales) 2017 winner, Louise Walby - a community respiratory nurse facilitator for chronic obstructive airways disease management in South Wales valleys - was recognised for significantly improving early diagnosis and management of the disease in the community. The 2018 award winner, Eve Lightfoot, a community infection control nurse, was recognised for her work on sepsis in the community that is enabling district nurses to identify acute deterioration in patients and start treatment quickly.

(For clarity, definitions of some key terms used throughout this paper are attached at Appendix 1.)

1. Whether we have a clear picture of the district nursing/community nursing workforce in Wales, and the level of need for community nursing services (including future need). Do we have the evidence base to support effective workforce planning?

Workforce statistics

The most recently published national statistics show that in 2017 there were 827 WTE district nurses (those with a recordable qualification) working in health boards in Wales. However, we are aware that there are some quality issues with this information, as occupational codes within the electronic staff record are not used consistently across all health boards. Several health boards have been working to improve the quality of data to ensure it only includes those nurses with the relevant qualification. Welsh Government officials have raised this with health boards' Chief Executive Officers with an action to improve the accuracy of the district nursing information in line with the NHS occupation coding manual.

Officials (in Workforce & OD, Nursing and Knowledge and Analytical Services) met with the Royal College of Nursing (RCN) to discuss progress on data quality in this area. To support transparency on the quality of data, additional information will be published this year as part of the annual NHS staffing statistics that will show how many of the community nurses have a Nursing and Midwifery Council approved community Specialist Practice Qualification (SPQ).

We are aware that HEIW will be providing more detailed evidence on community workforce statistics to the committee as part of this inquiry.

CNO District Nursing Staffing Principles

In September 2017, the Chief Nursing Officer for Wales published a set of interim staffing principles to guide health boards in shaping their district nursing services and ensuring they are aligned with primary care clusters. Before this, there had been no guidance on what factors should be taken into account in planning district nurse (DN) led community nursing services, which has led to variation of approach. The ultimate goal of the principles is to reduce that variation and prepare the DN setting in Wales for eventual extension of the Nurse Staffing Levels (Wales) Act 2016. In addition, these principles are supporting detailed service planning at health board level and informing the implementation of the Primary Care Model for Wales.

As part of their biannual reporting on compliance against these principles to Welsh Government, the health boards submit data on the number of staff funded and in post, and the numbers of vacancies within the district nursing setting. Although self-reported, this information has given us a valuable insight into the district nursing workforce landscape in a level of detail that we do not possess for other nurse settings. As these data are submitted directly from the cluster teams, they are not affected by the occupation coding issues that affect the Stats Wales data mentioned above. The nurse staffing establishment and vacancies data are informing the IMTP plans and help determine future education commissions. Therefore while there are some issues with the national dataset there is sufficient information to enable robust workforce planning to take place in respect of the core district nursing led services.

The third return from health boards is due this March, adding further valuable information to the growing database, giving us a clear view of the district nursing workforce to inform our planning for the future.

Extending the Nurse Staffing Levels (Wales) Act 2016

In February 2016, the National Assembly passed the Nurse Staffing Levels (Wales) Bill into law, making Wales the first country in Europe to legislate on nurse staffing levels. The Act came fully into force in April of 2018, putting a duty on health boards to calculate appropriate staffing levels - within adult acute medical and surgical wards - using a prescribed, triangulated method and to take all reasonable steps to maintain those levels.

The Government remains committed to extending the Act into additional settings by the end of this Assembly term. One of the work-streams developing the necessary tools to enable extension of the Act is in the district nurse setting, and in December 2018 the Minister for Health and Social Services agreed to fund an expert project lead to accelerate that work. Over the coming two years that work-stream will develop the evidence-based workforce planning tool necessary to extend the legislation and perform the triangulated calculation, and will also inform the long term planning of the district nursing workforce in Wales.

Establishment of Health Education and Improvement Wales

Extension of the Act is likely to require additional district nurses. We are aware of our responsibility to ensure that we are strategically coordinated at a national level in producing a sustainable supply of nursing staff for the future, attracting nurses to work in Wales and seeking ways to retain the nursing staff we have in the health and social care systems.

We are in a better position than ever to achieve this having established Health Education and Improvement Wales (HEIW) in October 2018. By amalgamating the Wales Deanery, NHS Wales's Workforce Education and Development Services (WEDS), and the Wales Centre for Pharmacy Professional Education (WCPPE), HEIW ensures that the people and healthcare professionals of Wales benefit from a cohesive, consistent approach to education and training, and to workforce modernisation and planning. A key objective of HEIW is to take a more strategic approach to future planning of the workforce and the alignment of the components needed to deliver it, and we will work in close partnership with HEIW in delivering this. The organisation has already been engaged by the All Wales Nurse Staffing Programme to ensure that the implications of the Act are built into their planning.

On top of this, we continue to increase the level of investment in the future workforce of NHS Wales. On 29 November 2018, the Minister announced that £114m will be invested in 2019/20, an increase of £7m available in 2018/19 to support a range of education and training programmes for healthcare professionals in Wales. Since 2014, nurse training places have increased by 68%, and specifically in district nursing they have increased by 233%. We are aware that HEIW will be providing more detailed evidence on this to the committee as part of this inquiry.

Workforce development

There is evidence that assessing population health and wellbeing needs and planning services and the workforce necessary to meet those needs is most effective when done at a very local level of around 25,000 to 100,000 population. This is why we have established 64 primary care clusters across Wales as mechanisms for collaborative multi-professional, multi-agency planning, making effective use of local information about the needs of individuals, families and communities. Community nurses play a vital role in understanding local needs and circumstances and actively

participating in service and workforce planning at cluster level. The Primary Care Model for Wales is predicated on effective cluster working.

The recently established Strategic Programme for Primary Care includes a work-stream for workforce and OD. This work-stream is developing a national tool for clusters to use in planning the workforce they need, including community nurses, to meet the assessed needs of their cluster population.

Plaid Cymru Compact

As part of the 2017 budget negotiations with Plaid Cymru, £4m was allocated over 2018/19 and 2019/20 - £1.2m to fund a pilot for Welsh Neighbourhood District Nursing Model (more detail below), and £2.8m for the training of an additional 80 district nurses. We know from information held by HEIW that there are a number of nurses working within the NHS who have a small number of outstanding modules to complete for them to successfully gain their SPQ Qualification and become qualified District Nurses. We have concluded that investment in this qualification route would enable a greater number of district nurses to be available to the health care system in Wales earlier than would otherwise be possible. As the commissioning body in Wales, HEIW is leading this work.

2. Whether there is clear strategy, at national and local levels, about the future direction for district nurse-led community nursing services. How well aligned is this with the development of the primary care cluster model for example, and with the vision for health and care services set out in A Healthier Wales.

'A Healthier Wales' sets out a clear vision for health and social care in Wales, emphasising prevention and early intervention and a shift to the provision of services close to where people live. This focus on delivering more local community based care and supporting people to maintain their own health and wellbeing, builds on the previous policies and approaches to develop preventative, seamless care and support at or close to home.

The Primary Care Model for Wales articulates the need to work with the population to provide information and support to people so that they understand how to stay healthy, anticipating people's health needs and directing them to the most appropriate source of care and support. Service design is geared to support the 64 primary care clusters and to create provision around small local population needs. The adoption and adaptation of this model at local level is underway with various examples of new ways of working. The national Primary Care Fund has invested in the capacity and capability of the multi-professional local workforce, including community nurse roles to support people with chronic conditions. The Integrated Care Fund has supported local service models designed to prevent people being admitted unnecessarily to hospital and to pulling them back home from hospital when well enough.

As previously noted in this evidence paper it is the development of local community based teams that are key to seeing the change in outcome we wish to see. Community and district nurses being the largest part of the workforce will inevitably play an essential role in this transformation of approach with an expectation that they will enhance their skills and take on more of a lead in delivering care. For example Betsi Cadwaladr University Health Board are testing how the development of district nurse team leaders can be enhanced with additional skills in diagnosis and prescribing, two district nursing team leaders with these skills are supporting a

managed GP practice, seeing patients and following these patients up and using these skills in their role as team leaders.

The recently established Transformation Fund is a manifestation of those strategic commitments. This major investment in community-based care aims to accelerate the adoption and scaling up of new models of health and social care directly aligned to the goals we have set out in *A Healthier Wales* and in line with our approach in the Primary Care Model for Wales. The Fund will provide up to £100m of funding over the two financial years 2018-19 and 2019-20. Of the £32m worth of project bids that have been successful so far, there is a clear overarching focus on delivering care in the community through genuinely integrated multi-disciplinary teams where community nurses will play an integral role.

The CNO staffing principles mentioned already in this paper describe a clear once-for-Wales approach to how district nursing teams should be organised. These principles were developed from an extensive review of written literature and exploration of models available in other countries. Evidence indicates that patient care and outcomes are improved by smaller teams (of about of 15 staff representing 11 WTE, focused on a neighbourhood of about 5000 people) ensuring that the staffing, leadership and education structures promote continuity of care and empower staff. The resultant Welsh principles now include: that DN teams should align with primary care cluster borders; that teams should have both a lead and deputy lead DN with the suitable SPQ; that skill mix within teams should be predominantly RNs; that 26.9% uplift should be included in team establishments to allow for such things as annual leave and annual mandatory training; and each team should have access to at least 15 hours of administrative support a week.

In the two data returns since they were published, we have already seen an increase in compliance across the principles. Compliance across the system is already very high with seven of the nine principles tested achieving over 75% compliance. We expect the third data return next month to show further increases in compliance, indicating the clear national direction our district nursing teams have been given.

Welsh Neighbourhood District Nursing Model pilots

As part of the 2017 budget negotiations with Plaid Cymru, £1.2m was allocated over the years 2018/19 - 2019/20 to fund a pilot for Welsh Neighbourhood District Nursing Model based on the Buurtzorg model from the Netherlands. The pilot is taking place in three settings: urban in Aneurin Bevan University Health Board (ABUHB) rural in Powys; and the valleys in Cwm Taf University Health Board (CTUHB). Planning of the pilots has been explicitly guided by Quadruple Aims, prudent healthcare principles and the 10 design principles of *A Healthier Wales*.

The interim CNO staffing principles are already driving district nursing teams towards practice that is analogous to the Buurtzorg model. However, further work is required to give an holistic, people-focus to DN teams, promoting self-help and independence, care closer to the home and a move away from a task-focused service. It will also be critical that the model is adapted and developed specifically for the Welsh system, rather than assuming that the Buurtzorg model can be applied wholesale to our NHS.

By spring 2020, we would expect an evaluation of the prototype teams within the pilots to illustrate how neighbourhood district nursing can be delivered across Wales.

3. How effectively community nursing teams are able to work with a range of professionals and agencies (including primary and secondary care services, social care services, and the voluntary sector) to deliver seamless, person-centred care.

With a clear strategic direction of preventing hospital admissions, preventing deterioration and providing as much care at home as possible, we are conscious that the means of achieving those aims will be seamless, multi-disciplinary community teams that interact smoothly with the various departments within the health and care service.

Integrated data sharing

The ability to safely share patient data between different component teams will be the single-most critical factor in delivering truly integrated, multi-disciplinary care. This was recognised in *A Healthier Wales*, in which the Welsh Government has committed to accelerating the roll out of the Welsh Community Care Information System (WCCIS) across the country.

WCCIS has been developed as a single system and a shared electronic record of care to allow quicker and easier access to relevant patient information for a wide range of health and care professionals, and show clearly the current position of the patient on their treatment pathway and what their last point of contact with the service was. With WCCIS, frontline staff from health boards, local authorities, social care, mental health and community health will all be able to access and record information using mobile devices such as tablets and smart phones.

The system is currently live in 13 organisations, which includes Powys Teaching Health Board and 12 local authorities. Deployment orders are in place for Betsi Cadwaladr UHB and Aneurin Bevan UHB. Whilst it is a decision for individual organisations to implement the system locally, *A Healthier Wales* sets out an explicit action to accelerate the rollout of WCCIS across Wales.

Where WCCIS has been implemented, immediate benefits have been reported. Frontline practitioners in particular have been positive about the system's ease of use, improved accessibility of information and auditability of access to records. Reductions in staff travelling time have also been achieved, meaning more time spent with clients and patients in the community. The next phase of implementation is intended to ensure that: the system meets the functional requirements, accelerating health board take up of the solution; national interfaces are developed to support a fully integrated health and social care record; and a common system language is developed to support safe sharing of information and enable meaningful reporting of service delivery.

Welsh Government funded testing of new models

In recent years, the Welsh Government has committed significant financial support to funding the development and testing of new ways of working in the health and care service, with several exemplar projects focussed on caring for people as close to home as possible.

The Efficiency Through Technology Fund (ETTF) supports innovative pilot projects that identify inefficiencies in practice and address them with technological solutions to improve patient outcomes. The On The Ground Education project, focussed on the treatment of chronic lymphoedema (which comprises a large proportion of a DN's

workload), utilises the ubiquitous smart phones and tablets of patients to disseminate video prescriptions on topics including preventative measures and self-management, skin and wound care and how to use pressure garments correctly. The project also includes the delivery of “On the Ground Education” via Microsoft video conferencing, meaning that chronic lymphoedema patients can receive care consultations from their own homes. Evaluation of the project showed this new way of working decreased community nurse visits allowing time back to care. GP contacts, admissions to hospitals, cellulitis episodes and dressing costs all also decreased.

The ETTF and its forebear – the Health Technology and Telehealth Fund (HTTF) – invested £470k in Cwm Taf and £2m in ABMU to roll out mobile devices to community nurses. These areas have shown how mobile technology will be at the centre of district nurse working in the future, allowing quick and efficient access to clinical systems, patient records, and the input of administrative data or patient test results. This gain in efficiency maximises the time that district nurses are able to spend dispensing care as opposed to travelling, or completing paperwork.

The Integrated Care Fund (ICF) was established in 2014-15 to support older people to maintain their independence, avoid hospital admission, prevent delayed discharge, and to drive partnership working and the delivery of integrated services across health, social services, housing and the third sector. The fund remains a programme for government commitment, with £60m allocated in 2018/19 and a further £89m committed for 2019/20. This money funds a range of community-based schemes and activities across all health board areas. For example, Cwm Taf regional partnership board has allocated over £1.2 million of ICF money in 2018-19 to continue developing their award winning Stay Well@Home service. The service, which is operational seven days a week, 365 days a year consists of a multidisciplinary hospital-based team sited within the acute hospitals of Prince Charles and Royal Glamorgan. The team undertakes initial assessments and commission/provide health, social care and third sector community support to facilitate safe and timely return home and prevent unnecessary admission. Feedback provided by service users and providers confirms that the Stay Well@Home service is well received and provides a positive outcome for patients.

End of life care

District Nurses play a pivotal role within end of life care at home. They are the main carers for palliative patients at home organising and coordinating end of life care with the multiple support stakeholders including GPs, palliative care specialist nurses, Macmillan, Marie Curie Nursing, Hospice at Home services and domiciliary care support. They take a lead in undertaking the Continuing NHS Health Care Funding (CHC) assessments, organising the multidisciplinary team meeting and ensuring that palliative patients funding is fast tracked. They are able to do this over 24 hours of care seven days a week and 365 days per year by coordinating care across and between the multiple stakeholders ensuring a patchwork of cover that meets an individual’s need. They organise and ensure the timely provision of community equipment to enable a person to die with dignity at home. Most importantly though they provide the day to day care ensuring that patients are comfortable, pain free, managing symptoms and ensuring their families are fully supported throughout.

Definition of terms

Community Nurse/Nursing is a collective term for all nurses, midwives and health visitors working within a community setting. It includes all nurses working within a district nursing service and all specialist nurses working in the community, for example, long term condition nurses or nurses working within a specialist frailty team.

A District Nurse is a nurse who has successfully completed training that has led to a Specialist Practitioner Qualification (SPQ) being formally recorded against their Nursing & Midwifery Council registration.

District Nursing – This is the collective term for teams of community nurses (registered nurses and health care support workers) who are clinically led by a District Nurse to provide at high volume the core universal nursing care at home service.

Specialist Practice Qualifications (SPQs): The Nursing and Midwifery Council (NMC) approves a number of community SPQs which registered nurses (registered on Part 1 of the professional register) are able to acquire by doing approved specialist degree level education post initial registration. The qualifications are:

- District Nurse
- General Practice Nurse
- Community Children's Nurse
- Community Psychiatric Nurse
- Community Learning Disability Nurse

The NMC maintains a register in three parts: Part 1 Nurse, Part 2 Midwife, Part 3 Specialist Community Public Health Nurse (SCPHN). Entry to Part 3 is predicated on being either a registered nurse or a registered midwife first.

Qualifications held on Part 3:

- Health Visitor
- School Nurse
- Occupational Health Nurse
- Family Health Nurse (Scotland only)

There are a small number of other specialist qualifications that community and primary care staff may also choose to acquire:

- V100: Community practitioner nurse prescriber
- V150: Community practitioner nurse prescriber (without SPQ or SCPHN)
- V200: Nurse independent prescriber (extended formulary)
- V300: Nurse independent / supplementary prescriber

Note that advanced practice is not regulated by the NMC. In Wales, the requirements for advanced practice are set out in the 'Framework for advanced nursing, midwifery, allied health professional practice in Wales' (2010)
<http://www.wales.nhs.uk/sitesplus/documents/829/NLIAH%20Advanced%20Practice%20Framework.pdf>