



**PWYLLGOR DIWYLLIANT, POBL A DATBLYGU SEFYDLIADOL
PEOPLE, ORGANISATIONAL DEVELOPMENT & CULTURE COMMITTEE**

DYDDIAD Y CYFARFOD: DATE OF MEETING:	13 June 2024
TEITL YR ADRODDIAD: TITLE OF REPORT:	Community Nursing Services Annual Report/Update
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Jill Paterson: Director of Primary Care, Community and Long-Term Care
SWYDDOG ADRODD: REPORTING OFFICER:	Lynne Lewis, Tracey Evans, Sarah Cameron, Heads of Nursing

Pwrpas yr Adroddiad (dewiswch fel yn addas) Purpose of the Report (select as appropriate)
Er Sicrwydd/For Assurance

**ADRODDIAD SCAA
SBAR REPORT**

<p><u>Sefyllfa / Situation</u> The Community Nursing Service has been asked to produce an annual report to cover the period of April 2022 to March 2024. While the Annual Report (at Appendix 1) will provide a summary of all Adult Community Nursing Services including Neighbourhood District Nursing teams, Urgent and Intermediate Care Services including Acute Response, Community Resource Teams and Same Day Urgent Care Services; the detail to support Specialist Nursing Teams and Community Hospitals, is still in progress. This report will provide an update of the current workforce, performance and safety, as will also highlight some key pieces of work.</p>
<p><u>Cefndir / Background</u> Community Nursing Services are pivotal to the delivery of a whole system approach to health and social care while putting the patient at the centre and focussing on prudent health care, yet community-based services are often unable to demonstrate or measure the value of the services provided.</p> <p>Hywel Dda University Health Board (HDdUHB) Community Nursing Services is comprised of Neighbourhood District Nursing teams, Urgent and Intermediate Care Services including Acute Response, Community Resource Teams and Same Day Urgent Care Services, Specialist Nursing Teams and Community Hospitals working collaboratively to ensure the delivery of equitable, patient centred, and high-quality care based on population need.</p> <p>The purpose of this annual report is to provide an overview of the services being delivered across community settings and to promote awareness and understanding of Community Nursing Services in HDdUHB.</p>
<p><u>Asesiad / Assessment</u> This report outlines the current position relating to Community Nursing Services in line with national workstreams and local actions, providing an overview of workforce, performance and safety.</p>

Key areas of work:

National Community Nursing Service Specification

- Ensure all teams have minimum of 0.4 Administration support.
- Increase leadership and supervision within district nursing teams.
- Chief Nursing Officer Priorities for community nursing aligned to further faster funding requirements outlined below.
- Bi-annual submissions against Service Specification Action Plan

Neighbourhood District Nursing Project

- Recurring funding received for 5 years to develop Health Care Support Worker (HCSW) and Assistant Practitioner posts.
- Develop Professional Nurse Advocates
- All Community Nurses to have access to a minimum of 1 Restorative Clinical Supervision per 6 months.

Further Faster Funding

- Funding received to enhance Community Nursing capacity.
- Increase specialist palliative care provision on weekends and out of hours.
 - Each county to provide 7 days Specialist Palliative Care Clinical Nurse Specialist (CNS) Provision (previously 1 CNS covered all 3 counties on weekends)
 - 0.4 B and 7 funding available per county to increase weekend provision either by recruitment or funding increasing unsociable hours costs.
 - Metrics: Increase
- Increase Community Nursing provision on weekends to 60% of cover provided during weekdays.

Strategic Programme for Primary Care

- Primary and Community Care Framework
- Primary and Community Nursing Services Specification
- Community and Primary Care Professional Nursing Collaborative

Community Trial Without Catheter (TWOC)

There has been successful recruitment into the Band 6 Triage nurse who commences in post week commencing 19th February 2024 and will be based in Eastgate, Llanelli. A period of induction will be undertaken, and updates will be provided to this committee going forward. This appointment has been supported financially across the Clusters for a period of 2 years and will form part of the ambulatory clinic models across the three counties.

Key issues / Challenges

- B6 and B7 District Nursing Workforce – recruitment, development and retention
- Recruitment and retention – older workforce, retirement challenges
- Demand for services is not being met within current resources.
- Increasing number of calls being deferred (rolled over)
- Increasing acuity and dependency of patients on caseload
- District Nursing teams not under S25b – The Nurse staffing levels (Wales) Act 2016 introduces a duty for Local Health Boards and NHS Trusts in Wales to calculate and take all reasonable steps to maintain nurse staffing levels and to inform the patients of those levels. This has been applied to in-patient settings and not community to date, therefore there is a need to review and right size community teams to meet demand.

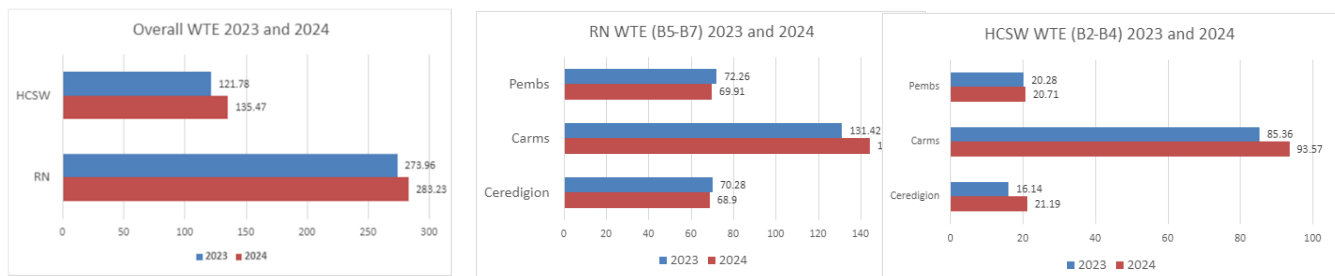
- No electronic patient record – ongoing delays with Welsh Communication Care Information System (WCCIS)
- Increased absence due to stress

Assessment

Workforce

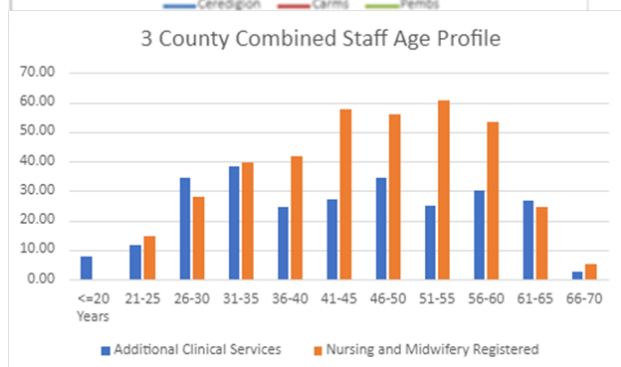
Overall, there has been an increase in the total whole time equivalent (WTE) across both the Registered Nurse (RN) and HCSW workforce over the last 12 months. When considered per county, the majority of additionality for the RN workforce is within Carmarthenshire with both Pembrokeshire and Ceredigion showing a reduction in total WTE of RNs which reflects the current nurse staffing risk being highlighted in Pembrokeshire.

There is an increase in the WTE of HCSW across all 3 Counties which may be reflective of the additional funding which has been received through the Neighbourhood District Nursing funding.



The number of Band 4 Assistant Practitioners has steadily increased over the last year, with a number of staff being supported through grow your own programmes to undertake the part time adult nursing degree, demonstrating the commitment to developing the community nursing workforce.

Age Profile

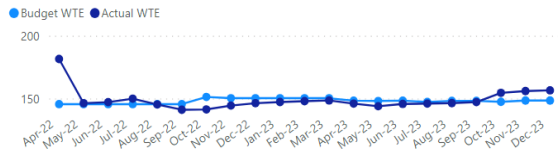


The age of the community nursing workforce remains a risk with the age profile of community nurses across the 3 counties shown below. Actions being taken to mitigate and prepare for the potential number of staff retiring over the next 5 years includes:

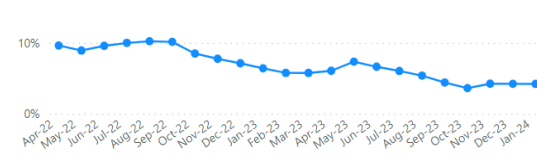
- Supporting development of the HCSW through to registered practitioners and grow your own schemes.
- Recruitment and retention strategies
- Maximise potential to recruit NQN on qualifying.
- Offer recruitment events to promote and highlight community nursing.

Data available from Performance Dashboard demonstrates stable position with staff turnover over 12 month rolling period and stable number of vacancies.

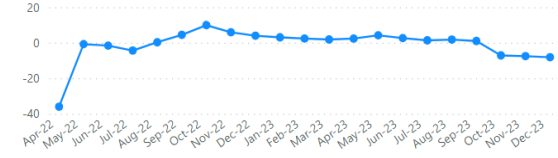
Budgeted and actual establishment



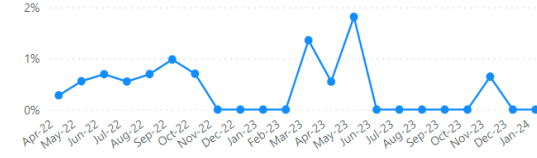
Staff turnover – 12 month rolling



Vacancies



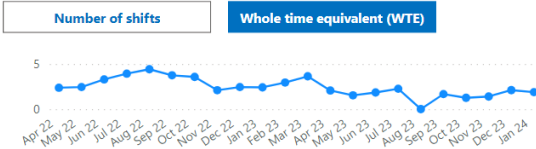
Staff turnover – in-month



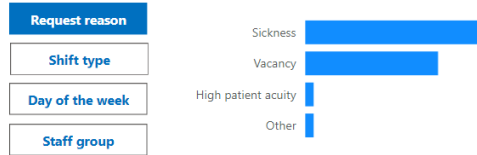
Use of bank and agency remains limited to only a few key areas and predominantly is due to sickness rather than vacancy or acuity. There has been an increase in the need for agency cover for Pembrokeshire District Nursing (DN) teams in February 2024 due to ongoing sickness across all teams. A proposal to support a request for 7 day booking agreement, given the current position, has been developed and will be submitted for Executive consideration.

Activity by month

The latest month's data is likely to be incomplete until working day 9 of the following month

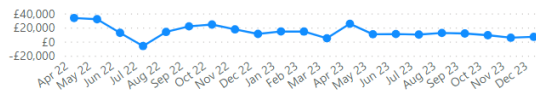


Agency/bank use (number of shifts covered) for the financial year to date



Total cost by month

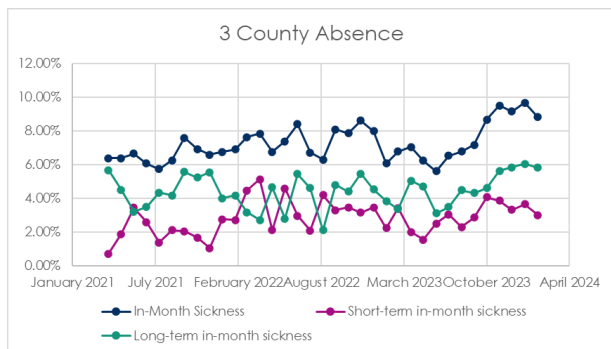
• Cost is shown by month paid and therefore does not correlate to the activity data in this section.
• The staff group, request reason, shift type and contract type filters are not available for this chart.



Agency/bank use by department, ward or team

Department, ward or team	Latest month		Financial year to date	
	No. shifts covered	WTE used	No. shifts covered	WTE used
CAR - District Nurses-Carm	31	1.38	156	0.68
CMW - District Nursing South Group	12	0.40	103	0.40
CAR - District Nurses-AmmGwen	4	0.10	83	0.32
CAR - District Nurses - Llanelli	0	0.00	41	0.18
CMW - District Nursing North Group	0	0.00	0	0.00
Pemps District Nursing North	0	0.00	0	0.00

Absence



Overall absence rates remain consistent across the 12-month period. Increased sickness due to stress, anxiety and depression within identified areas has been supported by Human Resources, Organisational Development and Well-being services.

Next Steps

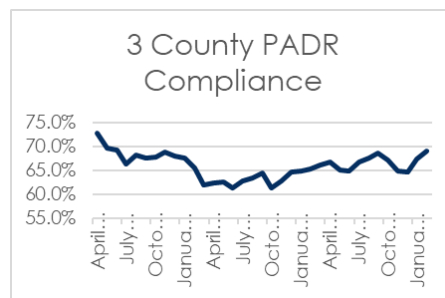
- Participation in national evaluation of Welsh Levels of Care (WLoC) tool
- Engagement with development of quality metrics and Patient-Reported Experience Measures (PREMS) / Patient-Reported Outcome Measures (PROMS)
- Engagement with development of national district nursing dashboards

- Participation in bi-annual submissions for self-assessments against national service specification
- Quarterly reporting to DN Data reporting to Care action committee
- Workforce remodelling conversations on-going
- 6 month trial of Band 6 Community Sister Non-SPQ (specialist community qualification) post to support leadership within teams
- Operational Development and Culture Team to work with Community Teams (already commenced)

Performance

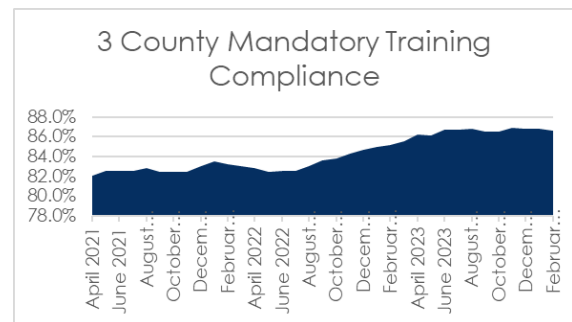
While overall Performance Appraisal Development Review (PADR) compliance remains below 95% across all workforce groups in each County, there has been improvement in overall compliance from 59% in 2022 to 69% in 2024 and the community professional and practice team are exploring new ways of delivering training with the creation of annual full mandatory study days for HCSWs

County	PADR Compliance
Carmarthenshire	71.40%
Ceredigion	53.20%
Pembrokeshire	76.20%



Mandatory Training

Figures for 2022-2023 show consistently good compliance with Mandatory training across registered and unregistered staff with overall compliance at 90.3%.

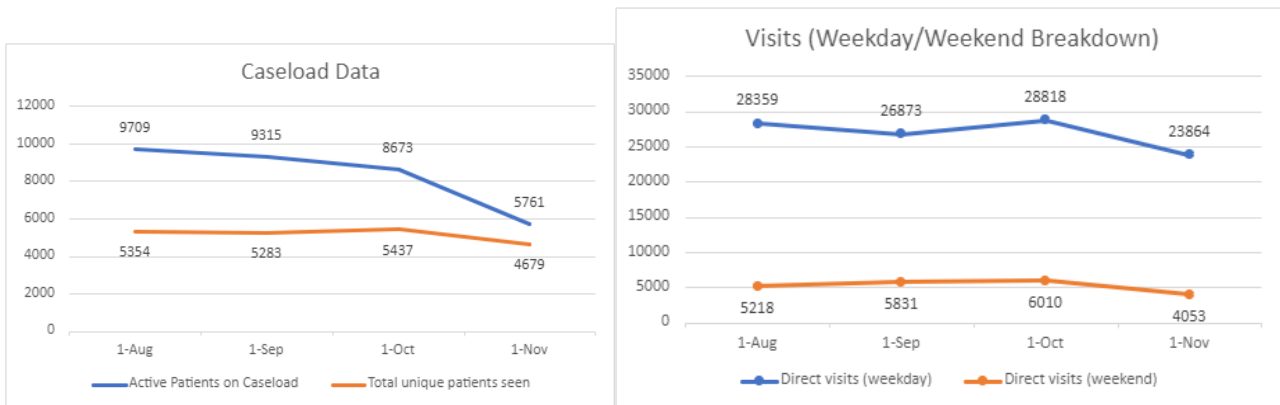


Monthly Reporting Measures:	Quarterly Reporting Measures:
Total number of patients on caseload by month	WTE DN Service funded by month (split by band)
Total number of unique patients seen by month	WTE DN Service actual by month (split by band)
Total number of direct visits on a weekday	WTE Specialist Palliative Care Nursing funded by month (split by band)
Total number of direct visits on a weekend.	WTE Specialist Palliative Care Nursing actual by month (split by band)

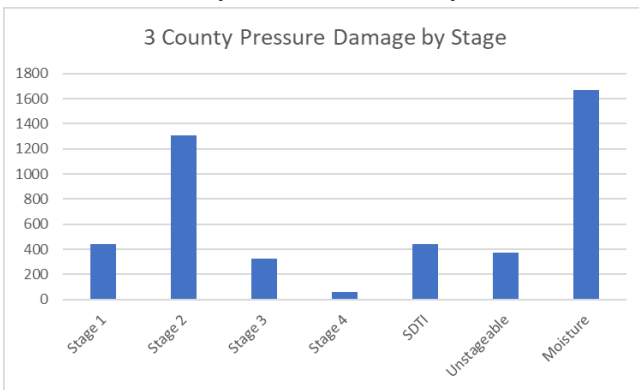
SAFETY INDICATORS

Several measures have been identified through the care action committee to report against the funding received for enhancing community capacity. This data is required from all DN services

across Wales and is being used to develop a national All Wales DN Dashboard of data with monthly and quarterly requirements shown below.



The graphs above show activity reported between August and September 2023 but it is important to note that complexities and differences in how data is reported through Civica e-scheduling means that there are concerns over the accuracy of data and work is ongoing to ensure accuracy and consistency.



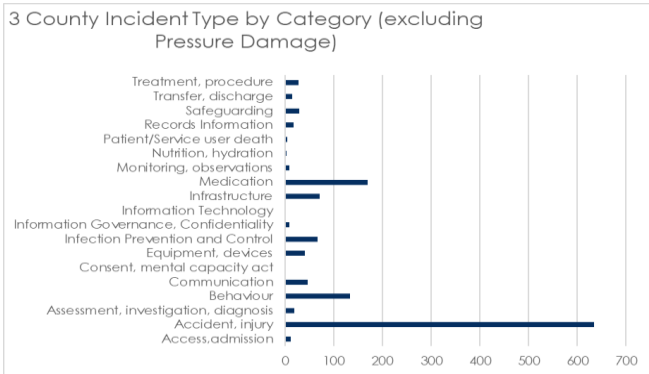
Quality and Safety

Datix incidents and the timeliness of investigations, complaints and safeguarding concerns continues to remain a key focus across each of the 3 Counties for overseeing quality and safety.

With over 5000 incidents reported across the three Counties between April 22 and March 24, pressure damage remains the most common reported incident (78%) across district nursing services, with injury and incidents (including falls) accounting for 11%. Although there are high numbers of pressure damage reported, this is partly due to increased awareness of the risk of pressure damage and regular pressure damage prevention reviews and scrutiny of patients on caseload for early signs of pressure damage. 58% of all reported pressure damage incidents are Grade 2 pressure damage or below, highlighting the value of early recognition of pressure damage, with 20% of reported pressure damage Grade 3 or above.

All 3 Counties hold monthly scrutiny meetings and have adopted a learning culture to share and disseminate learning and good practice. Avoidable incidents and learning are also shared through each counties Quality, Safety and Experience (QSE) meetings and escalated either through to the Community and Primary Care Safeguarding Delivery Group or Operational Quality, Safety and Experience Committee (QSEC).

There were 391 reported slips, trips and falls across all community hospitals between April 2022 and March 2024 with 1 fall resulting in serious injury (fractured neck of femur).

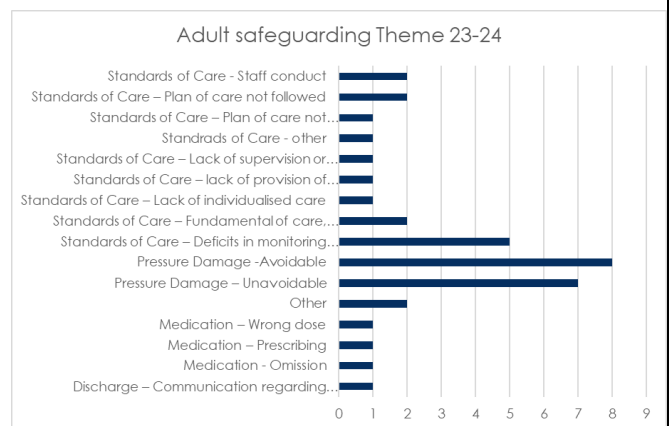


Falls prevention work is underway across the 3 counties, including implementation of I Stumble within Community Hospitals to support assessment of fallen patient outside of medical cover, however, given the rehabilitation nature of community hospitals and the ethos to encourage patients to regain independence it is not possible to reduce falls completely, with the emphasis on avoidable falls and serious injury. Approaches to mitigate

the risk of falls includes enhanced patient supervision, cohort of patients at risk and bay watch, increasing the numbers of staff available to support patients at high risk.

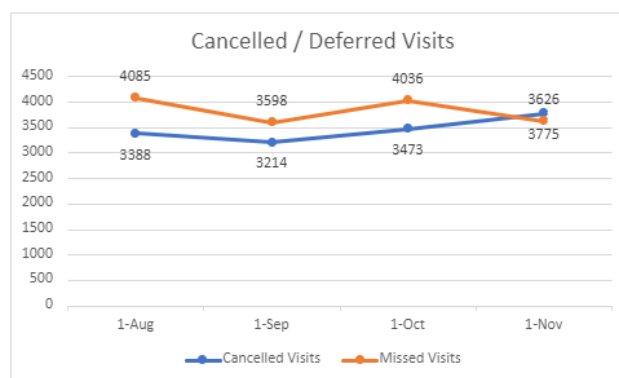
Safeguarding

Pressure damage continues to be the most recurrent theme for referral across the three counties. Where required, 61% of Enquiry Response forms are completed and returned within the statutory 7-day period. Safeguarding referrals are reported via the 3 county Primary and Community Care Safeguarding Deliver Group on a quarterly basis, and those reports shared within county QSE meetings.



Training	Compliance %
Safeguarding Adults Level 1	86%
Violence against women, domestic abuse and sexual violence	84%
Safeguarding Children level 2	79%

Additional metrics are now able to be captured through e-scheduling data are the number of cancelled and deferred visits, a measure which often highlights where demand may be unable to be met due to capacity or skill mix issues. Nationally, work is being underway to enable more detailed understanding of when staffing or skill mix may be reasons for visits being cancelled or deferred.



Risks

There are 35 operational risks currently open across the 3 Counties community services, 10 Extreme, 23 High and 2 Moderate. Of the extreme and high risks, 6 relate to nurse staffing and workforce challenges.

Extreme

- 1692 (Ceredigion) - Risk of safe nursing levels not being maintained due to contractual changes
- 1570 (Carmarthenshire) - Risk to timely assessment/intervention due to Community Nursing Pressures
- 1774 (Pembrokeshire) - Risk to patient safety and staff wellbeing due to staff shortages in leadership roles
- 1710 (Carmarthenshire) - Risk to meeting current demand due to staffing at Ty Bryngwyn

High

- 1426 (Carmarthenshire) - Risk of harm to patients due to delays in datix investigations
- 1377 (Pembrokeshire) - Risk of harm to patients due to delays in datix investigations

All risk and actions are monitored through QSE meetings in each county. No new risks have been added in last month.

Key Initiatives and Developments planned for 2024-2025

- Revised Community documentation launch – done and successful, evaluation completed with positive findings.
- Increased access to restorative supervision and access to Professional Nurse Advocate (PNA) training
- Development of HCSW Mandatory Training Study Days and the role of the B6 Professional Development Nurse
- Increased access to clinical skills training for community nurses, including intravenous (IV) training for district nursing teams.
- Development of Community and Primary Care Nursing Professional Collaborative
- Ongoing engagement with Community and Primary Care National Service Specification and objectives
 - Key priorities of CNO
 - Further Faster Funding
 - Weekend working
- Keeping Well Days (Pembrokeshire)
- Safe Care Collaborative 'Message in a bottle' Carmarthenshire
- Ceredigion Organisational Change Policy (OCP)
- Spirometry
- Trial without Catheter service to be embedded within Ambulatory Clinic Models supported by Triage post.
- North Pembrokeshire Diabetic Foot Health Project.
- Integrated Care Network development.

Argymhelliad / Recommendation

The People, Organisational Development and Culture Committee is asked to:

- **NOTE** the content of this report, the activity delivered, and the challenges faced by the service.
- **TAKE ASSURANCE** from the actions taken to address risks and improve capacity and patient access.

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	2.2 To provide assurance to the Board on the implementation of the UHB's Workforce and OD Strategy, and 'all Wales Health & Social Care Workforce Strategy', ensuring these are consistent with the Board's overall strategic direction and with any requirements and standards set for NHS bodies in Wales.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	N/A
Parthau Ansawdd: Domains of Quality Quality and Engagement Act (sharepoint.com)	1. Safe 3. Effective 4. Efficient 5. Equitable
Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	1. Leadership 2. Culture and valuing people
Amcanion Strategol y BIP: UHB Strategic Objectives:	1. Putting people at the heart of everything we do 2. Working together to be the best we can be 3. Striving to deliver and develop excellent services
Amcanion Cynllunio Planning Objectives	Not Applicable
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022	2. Develop a skilled and flexible workforce to meet the changing needs of the modern NHS

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Annual Report
Rhestr Termau: Glossary of Terms:	N/A

Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Diwylliant, Pobl a Datblygu Sefydliadol: Parties / Committees consulted prior to People, Organisational Development & Culture Committee:	County Management Teams
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Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	NA
Ansawdd / Gofal Claf: Quality / Patient Care:	Patient centred approach has the potential for improved patient outcomes
Gweithlu: Workforce:	Potential positive impact on staff morale and future opportunities
Risg: Risk:	Included within annual report.
Cyfreithiol: Legal:	NA
Enw Da: Reputational:	Ineffective services can have a negative impact on the Health Board's reputation.
Gyfrinachedd: Privacy:	NA
Cydraddoldeb: Equality:	NA