

PEOPLE AND ORGANISATIONAL DEVELOPMENT COMMITTEE
PEOPLE, ORGANISATIONAL DEVELOPMENT & CULTURE COMMITTEE

DYDDIAD Y CYFARFOD: DATE OF MEETING:	19 August 2025
TEITL YR ADRODDIAD: TITLE OF REPORT:	Community nursing Update/Staffing Report
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Andrew Carruthers, Chief Operating Officer
SWYDDOG ADRODD: REPORTING OFFICER:	Peter Skitt, Clinical Care Group Service Director - Community & Integrated Medicine

Pwrpas yr Adroddiad (dewiswch fel yn addas)

Purpose of the Report (select as appropriate)

Er Sicrwydd/For Assurance

ADRODDIAD SCAA

SBAR REPORT

Sefyllfa / Situation

This paper outlines the key achievements of the Community Nursing Services across the three counties for the period April 2024 to March 2025. It demonstrates progress made towards national objectives and the key work undertaken towards the development of robust and sustainable community services.

Cefndir / Background

In line with the Government objectives to provide effective, high quality and sustainable healthcare, the Strategic Programme for Primary Care has led on work to develop a National Community Nursing Specification. This document outlines at a strategic level the overarching principles, characteristics, and functions of Community Nursing in Wales for individuals aged 16 and over.

The National specification aims to:

- Standardise care where possible to reduce variation and raise quality.
- Simplify systems and processes to make people's experience better and nurses working lives easier.
- Promote collaboration with other nurses and professional.

Community nursing services should ensure there is a consistent approach to the provision of services which:

- Places the individual and carer at the centre of community nursing services adopting key principles focused on providing person centred, preventative, safe and effective services.
- Recognises the value and contribution Community Nursing offers to individuals, local communities and health and care professionals across primary, community and secondary care.
- Promotes closer working and a clearer understanding of each other's roles, creating more resilient and effective relationships.

- Reduces variations in the service provided to individuals and carers and to those services or professionals that interface with them.

All community nursing services across Wales are required to demonstrate how they are achieving the National Community Nursing Specification and its outcomes – self-assessment tool and measures to demonstrate how the outcomes of this specification will be achieved provide community nursing services with greater awareness and understanding of how their services currently meets the principles, characteristics and functions set out in this specification and any actions required to achieve these.

Asesiad / Assessment

Successes and Achievements

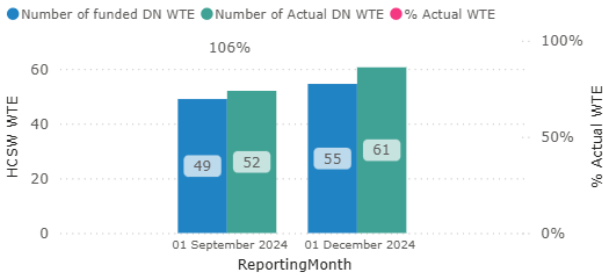
- Neighbourhood Team Integration
District nursing teams aligned with Primary Care Clusters. In 2024/25, over 45,000 home visits were conducted—an 8% increase from the previous year.
- SPQ numbers supported
- Development of robust ambulatory clinics
- Trial With Out Catheter project transferring care closer to home.
- Community Nursing Assessment document piloted, demonstrating improvements in record keeping
- Restructuring of Ceredigion Community nursing teams, providing resource for District Nursing Teams and supporting development of Enhanced community care.
- Development of District Nursing to administer Intravenous medications, to further support patient flow and reduce hospital admissions.
- Development of Fundamentals of Wound Care training
- Reduction in number of open patient safety incidents
- Development of Professional Collaboratives
- Development of Enhanced Community Care and Clinical Streaming
- Development of Community Nursing Assessment Documentation
- Implementation of frailty risk screening
- Improving Palliative Care – Message in a bottle

In 2024 Further Faster funding enabled us to invest in additional staffing for our District Nursing Teams, supporting the development of a robust and sustainable workforce and achievement of key objectives outlined within the National Community Nursing Specification.

The funding received from Welsh Government was specifically directed toward increasing the workforce and enhancing weekend community nursing services within the District Nursing teams across the three counties of Carmarthenshire, Ceredigion, and Pembrokeshire.

The additional funds were primarily used to recruit Health Care Support Workers (HCSWs), Assistant Practitioners and Registered Nurses, dependent on the need of the service, to bolster existing weekend staffing within the District Nursing Service. This measure was aimed at supporting registered nurses in delivering essential care and enhancing patient outcomes over weekends. The graphs below demonstrate the increased funded workforce across community teams.

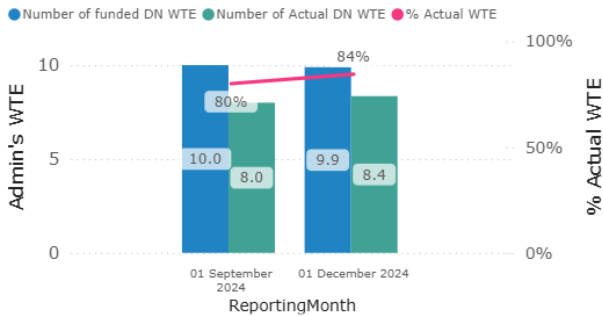
HCSW Number of funded WTE and Actual WTE (Quarterly)



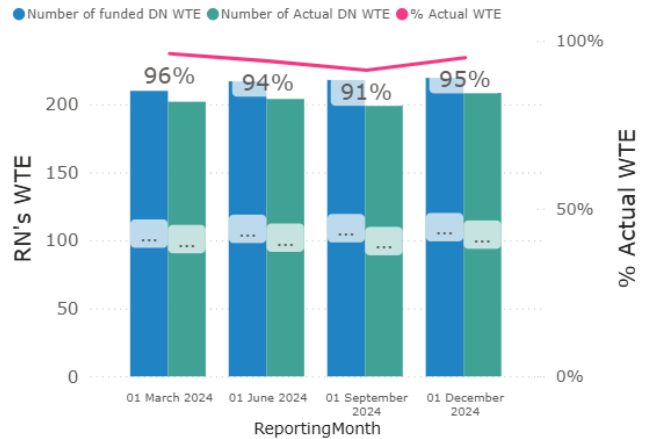
The reporting template for WTE data changed September 2024.

Data has been reviewed and assumptions applied to match the data to the new template where possible.

ADMIN - Number of funded WTE and Actual WTE (Quarterly)



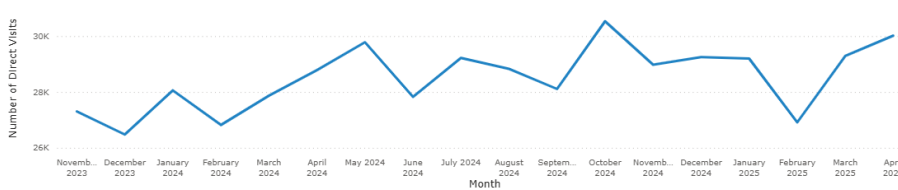
RN Number of funded WTE and Actual WTE (Quarterly)



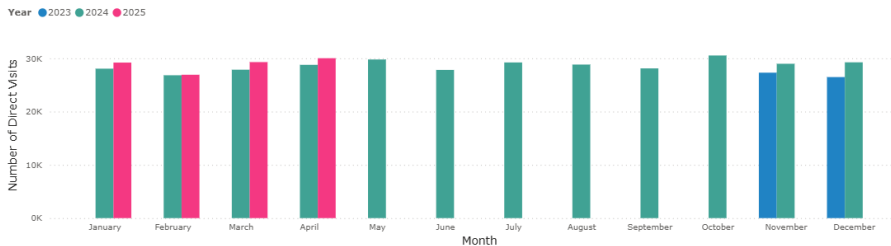
Impact and Outcomes:

There has been an increase in activity undertaken across the week, with a small increase in the percentage of nurses working weekends across the 3 Counties, as seen in the graphs below, indicating progress toward a more resilient and consistent 7-day service. The teams provided a total of 378,178 direct patient care visits throughout 2024, with 84% of visits carried out during the weekday.

Number of Direct Visits by Month

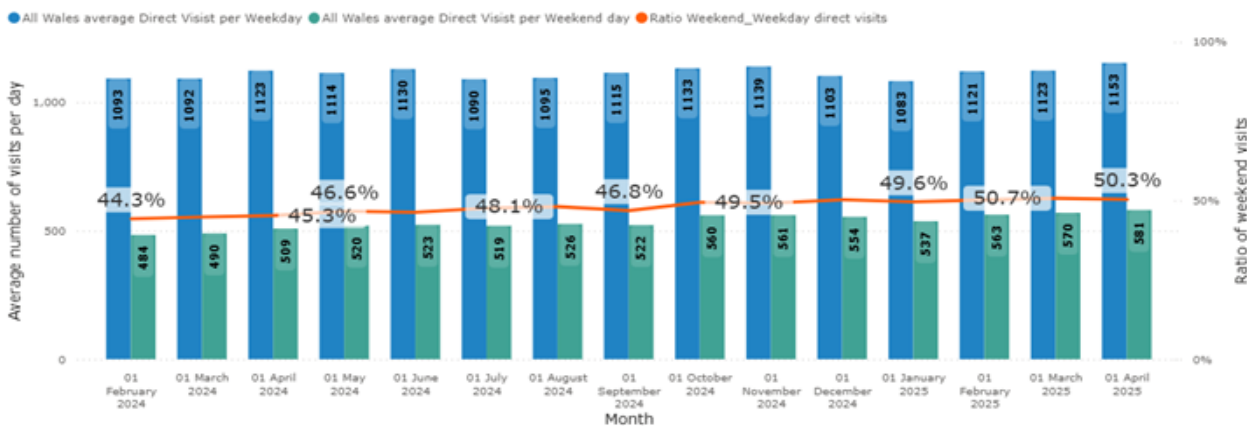


Number of Direct Visits by Month and Year



Although the 80% target coverage for weekend nursing has not yet been achieved, current figures (graph below) suggest a positive trajectory, but continued focus is needed to reach the desired threshold.

Ratio Weekend_Weekday direct visits



- Average number of visits that occur on a weekday compared to the average number of visits that occur on a weekend day.
- Reporting on the average number of visits on a given weekday vs a weekend day.
- Bank Holidays are considered week days

N.B. Averages are calculated with the available data, some months may not include all HB's.

Ongoing Actions and Learning:

A comprehensive caseload review is currently underway across all three counties, with the aim of identifying:

- Non-urgent weekday work that can be safely and appropriately rescheduled to weekends.
- Opportunities for redistributing workload to maximise weekend staff effectiveness.
- A significant system-wide challenge remains: the need for cross-service alignment to a true 7-day operational model. Without equivalent weekend availability from allied services (e.g. pharmacy, therapies, GP out-of-hours), the impact of increased nursing alone may be limited.

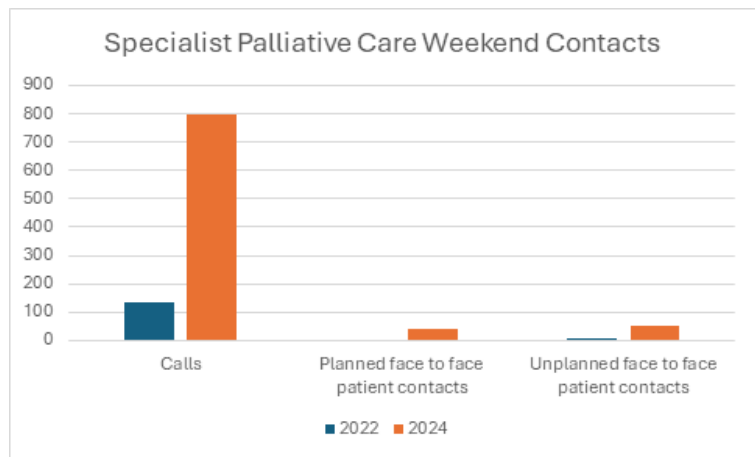
Best Practice and Recommendations:

While full transformation to a 7-day community nursing service is still in progress, the WG funding has supported critical steps toward this goal. Continued system-wide alignment, data-driven decision-making, and investment in the workforce will be key to maximising impact and sustainability.

- Cross-service collaboration: Progress is most sustainable when aligned with other health and care services shifting to 7-day models. Shared protocols, handover pathways, and aligned service hours are essential.
- Data-led planning: Utilise digital caseload management and acuity tools to identify patterns in weekend care demand, and to forecast safe workforce requirements.
- Workforce development: Continue investment in training and upskilling HCSWs to undertake delegated clinical tasks safely and effectively, freeing up nursing time for complex care.
- Patient feedback: Gathering and analysing patient and family feedback on weekend care experiences will support improvement and demonstrate the value of the service changes.
- Standardisation of data used to calculate staffing for core District Nursing work to reflect impact of funding on weekend staffing.

In 2024 Further Faster investment also supported Hywel Dda Palliative Care Specialist Nursing Teams to improve equality of urgent assessment of the complex deteriorating patient, provide safe, rapid and reliable advice and support, put in place and review advance care plans, admission avoidance and improved flow, particularly at weekends.

Previously weekend cover was provided by one CNS for the three Counties. Since April 2024 CNS cover for each county on the weekend is provided from the county CNS team. The following chart compares the weekend activity between Qtr1 in 2022 and Qtr 1 in 2024:



Impact:

- Patient benefit – access to Specialist Palliative Care in a timely manner.
- Patients with complex needs can access face to face review
- Avoidance of unscheduled acute admissions
- Support for HCP, social care and third sector colleagues in all settings

Challenges

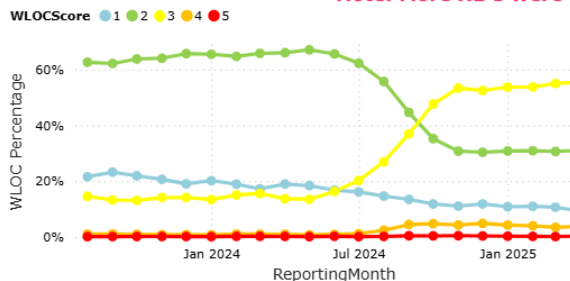
- Impact for weekday staffing (less staff) & core service activities
- Access to local core services
- Potentially increasing Consultant and GP weekend work.
- Periods when weekends cannot be covered fully

Welsh Levels of Care

Further education was provided to staff in the scoring of Welsh Levels of Care, which has enabled a more accurate reflection of the complexity and acuity of care being provided within our communities.

Percentage of Visits by WLOC by Month

Note: More HB's were able to report WLOC from November 2023



Level 5: Immediate/ Emergency Care - An exceptional, high risk, emergency/ crisis situation requiring escalation and immediate intervention from professionals/ services.

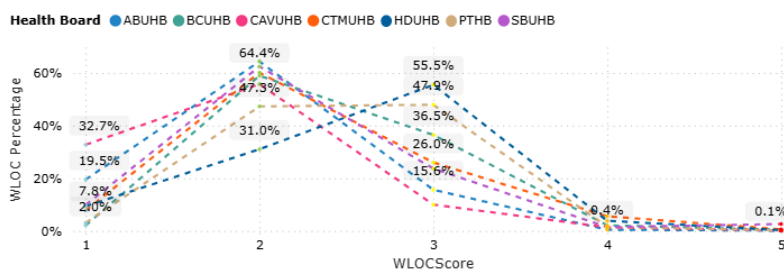
Level 4: Urgent Care - The patient is in a highly unstable and unpredictable condition either related to their primary problem or an exacerbation of other related factors. Can be managed in the community.

Level 3: Complex Care - The patient may have a number of identified problems, some of which interact, making it more difficult to predict the outcome of the visit.

Level 2: Managed Care - The patient has a predictable and clearly defined problem but there may be a small number of variations in care that are easily managed with minimal impact.

Level 1: Routine Care - The patient has a clearly identified problem, with minimal other complicating factors.

Percentage of Visits per WLOC by Health Board



Number and % of visits per WLOC

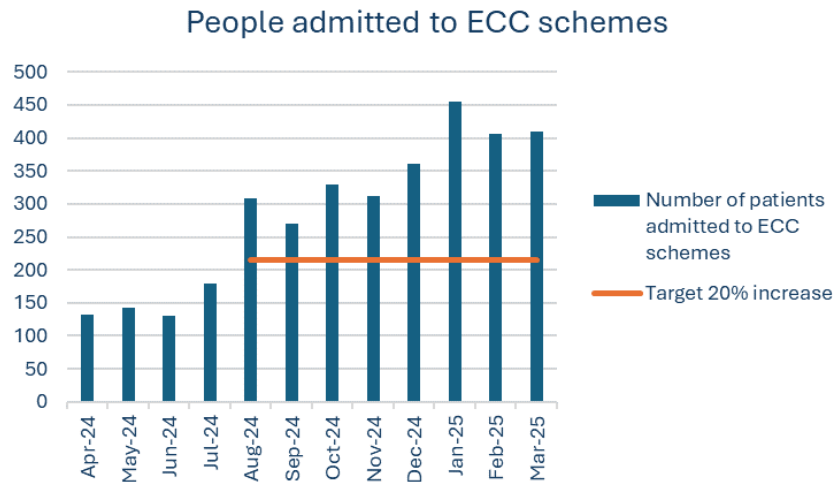
WLOCScore	Sum of Response	WLOC_Percentage
1	2,232.00	9.35%
2	7,402.00	31.02%
3	13,239.00	55.48%
4	914.00	3.83%
5	75.00	0.31%

Enhanced Community Care

In line with the ambitions of the Six Goals for Urgent and Emergency Care and providing care closer to home, considerable progression has been made in developing new and innovative services across the 3 counties to meet key community objectives such as ensuring coordination care planning - seven days a week, enabling use of technology, preventing avoidable hospital admissions and attendances, developing community services to enable patients to be 'turned around' at the front door, providing rapid crisis response utilising community services in a step up model of care and focussing on a home first approach to care supporting services to discharge patients for assessment to be done at home.

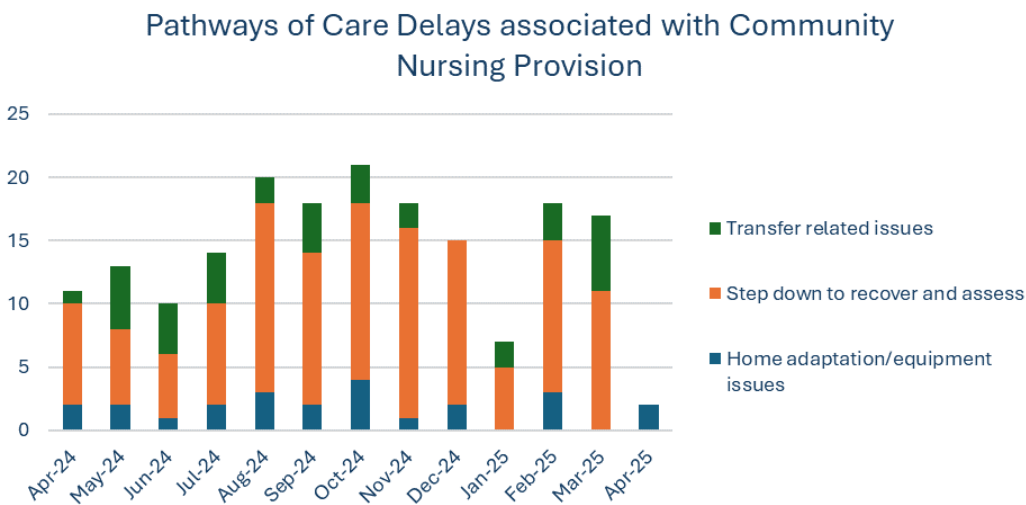
In the Welsh Government letter dated 26 July 2024, the Care Action Committee (CAC) set out its priorities for its key areas for 2024/25. The priorities for action in the 2024/25 linked to Enhanced Community Care (ECC) are:

Increased count of people (at home and in care homes) benefiting from 'step up' care as safe alternative to conveyance / hospital admission and 'step down' care from hospital, with the ambition to increase the number of people accessing Enhanced Community Care (Level 4) by March 2025. The chart shows the progress made, exceeding the targeted 20% increase.



Pathway of Care Delays

A total of 184 delays were recorded in relation to Community Nursing Provision (including community hospitals and wrap-around provision), in comparison to 2739 total delays over the same period for all reasons; therefore, less than 7% of delays are associated with Community Nursing Provision.



Care Closer to Home

The Health Board now has a robust community clinic model across the three counties, offering nurse-led services for patients over 18 years of age. The clinic profile consists of:

- Scheduled re-catheterisation
- Trial without Catheter
- Leg ulcer management and prevention
- Ear wax management

The clinics are dedicated to delivering high-quality, safe, and effective healthcare in a timely manner, ensuring that all patients are seen within three weeks of referral. The clinics are designed to provide local services in accordance with the guidelines set forth in 'A Healthier

Mid and West Wales' and are aligned with the principles of 'A Healthier Wales'. The focus of ambulatory clinics includes:

- Providing care closer to home
- Supporting health and wellbeing with a focus on prevention
- Delivering seamless, user-centred services
- Building community resilience
- Empowering localities to determine health approaches
- Ensuring sustainability of primary and community care services
- Reducing pressure on secondary care

Benefits include:

- **Timely Access to Care:** Patients are seen within three weeks of referral, ensuring prompt attention to their health needs.
- **High-Quality, Safe, and Effective Care:** The clinics provide reliable and professional healthcare services, maintaining high standards of patient safety and treatment efficacy.
- **Local Service Delivery:** By offering services closer to home, the clinics reduce the need for patients to travel long distances, making healthcare more accessible and convenient.
- **Preventative Focus:** Emphasising prevention and wellbeing, the clinics help manage and prevent conditions like leg ulcers and ear wax build-up, reducing the likelihood of complications.
- **Seamless, Patient-Centred Services:** Care is designed to be seamless and tailored to individual needs, ensuring a holistic approach to patient health.
- **Community Resilience:** By supporting local communities, the clinics help build resilience, empowering residents to take an active role in their health and wellbeing.
- **Sustainability of Primary and Community Care:** The clinics contribute to the sustainability of primary and community care services, ensuring these essential services remain available and effective.
- **Reduced Pressure on Secondary Care:** By managing conditions at the primary care level, the clinics help alleviate the burden on secondary care facilities, allowing them to focus on more complex cases

Trial Without Catheter (TWOC)

The TWOC clinics, now well-established across Pembrokeshire, Ceredigion, and Carmarthenshire, are led by our Ambulatory Clinic Nursing Team, and are a key achievement for 2024, supporting the delivery of care closer to home. Since the introduction of the triage nurse and the launch of community TWOC clinics in June 2024, supported initially via Primary care Cluster funding, the positive impact of this service has been unmistakable:

- **Reduced Waiting Times:** Waiting times have decreased from an estimated 120 days to just 17 days—an 86% improvement, showcasing the exceptional efficiency and effectiveness of the TWOC Improvement Project.
- **Timely Procedures:** 100% of patients underwent TWOC within 28 days.
- **Patient Satisfaction:** Achieved 100% patient satisfaction, as reflected in PREMs Scores.
- **Cost Savings:** Annual catheter-related expenditure was reduced by £98,068.93, with notable savings on Foley catheters (£25,654.37), leg bags (£44,423.63), and catheter maintenance (£11,132.45).
- **Increased Capacity:** Enhanced capacity within Urology services has enabled restoration of nurse-led histology/MDT clinics for prostate and bladder cancer patients.

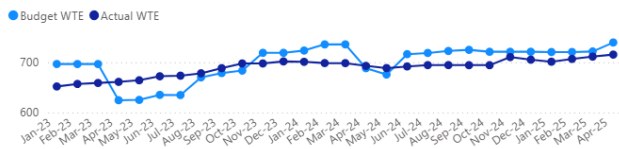
The community TWOC clinic model has successfully integrated primary, community, and secondary care, ensuring that patients receive the right care, in the right place, at the right time. This approach not only brings care closer to home in a supportive environment but also educates patients on managing their catheter. HDUHB achieved an impressive TWOC success

rate of 61.78% from the 157 TWOCs conducted between June 2024 - January 2025, exceeding both national and global benchmarks. National TWOC success rates range from 23% to 40%, while global success rates vary between 23% and 54%.

Workforce

Additional Welsh Government funding has supported a 5% increase in staff when compared to April 2024, with an increase in both Registered and Unregistered posts across services. This equates to an additional 31 Full Time Equivalent (FTE) including substantial investment in Band 4 Assistant Practitioner posts.

Budgeted and actual establishment



The age of the community nursing workforce remains a risk. Actions being taken to mitigate and prepare for the potential number of staff retiring over the next 5 years includes:

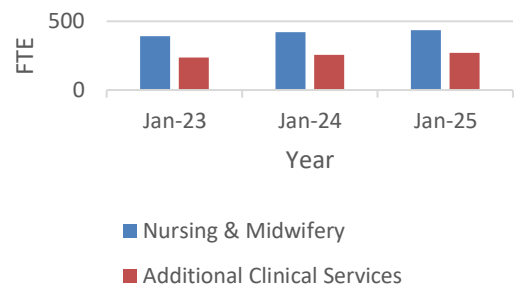
- Supporting development of the HCSW through to registered practitioners and grow your own schemes.
- Recruitment and retention strategies
- Newly registered Nurses recruited at risk, to be offset by future vacancies
- Offer recruitment events to promote and highlight community nursing
- Use of non-SPQ Community Sister post to attract leadership from outside service area

12 month rolling sickness, turnover and vacancies have increased throughout 2024 and there has been a renewed focus on supporting staff well-being and development. Stress and anxiety continue to be the highest reason given for absence, resulting in a focus on staffing, leadership and management, capacity and demand, flexible working and staff well-being.

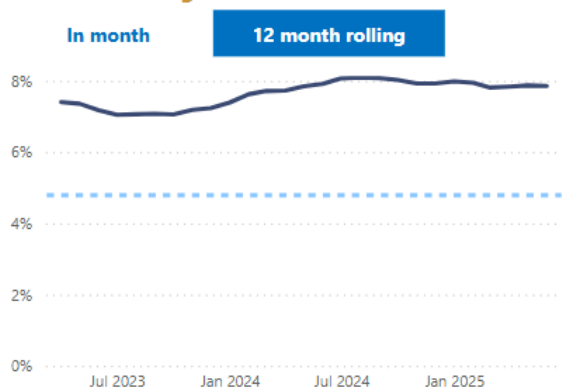
Key actions include:

- Promoting uptake of restorative supervision
- Deep dives into long term sickness
- Audits of absence management process
- Promoting exit interview and review of themes
- Organisational Development supporting teams as required
- Support of flexible working requests
- Increased signposting to well-being services and resources
- Increasing opportunities for staff development
- Supporting staff to undertake Grow Your Own programme

Increase in Budgeted Establishment



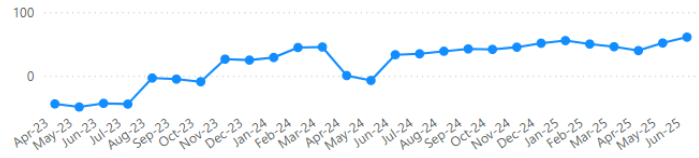
12 month rolling sickness



Staff turnover – 12 month rolling



Vacancies



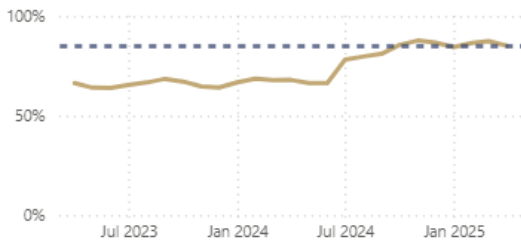
Staff turnover – in-month



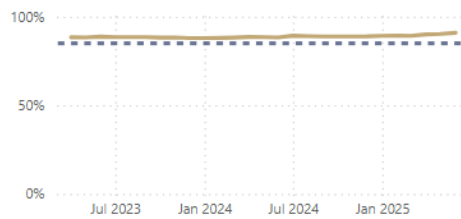
Staff Training and Development

Throughout 2024 there was a focus on supporting line managers to carry out annual development reviews in to achieve and maintain 85% compliance, increased from 69%. Likewise, the facilitation of mandatory training days supported by the Community Professional and Practice Development Nurses across the three teams have supported staff to maintain compliance with mandatory training.

% staff who have had a PADR in past 12 months



% staff compliance with the Core Skills Training Framework (CSTF)



Throughout 2024 the Professional and Practice Development Nurses have provided training to staff across Community Nursing Teams, with 314 members of staff trained in Basic Life Support, 63 Health Care Support Workers trained in the Fundamentals of Wound Care and 30 Health Care Support Workers trained in Administration of Medication. Training has also been provided to up skill staff within District Nursing Teams to administer intravenous medication to patients at home, providing further capacity to support admission avoidance and earlier discharge. The team has also worked closely with the Clinical Skills Team to develop an oral suctioning training package, providing education and competency assessment for staff and carers.

Restorative Supervision

We now have several staff trained as professional Nurse Advocates supporting delivery of restorative supervision across our Community Teams, with supervision being delivered in a variety of ways. Specific forums have been developed to support staff development and well-being in a peer group setting, with some supported by Organisational Development colleagues. Drop-in sessions are also provided, alongside virtual sessions to improve accessibility. RCS sessions April 2024 – March 2025

Evaluation Results (n=19)

- 100% wanted further RCS sessions
- 76% believed RCS would help improve practice (18% said maybe)
- 94% felt RCS improved their wellbeing (1 person (6%) said maybe)
- 76% felt RCS helped them stay in their role (18% said maybe)
- 100% would recommend RCS to a colleague

Staff Feedback

"I did not know what to expect but I found just talking and reflecting on events that have occurred do make things clearer. I felt better after my session"

"Able to offload to someone removed from team. Good ideas for professional development discussed that not aware of"

"I am neurodivergent. Clinical supervision has really helped me to improve my skills, find coping mechanisms and work arounds, and helped with my well-being."

"I have found the experience very beneficial for my well-being. It is an opportunity to talk through difficulties faced in clinical practice and work through them to find solutions."

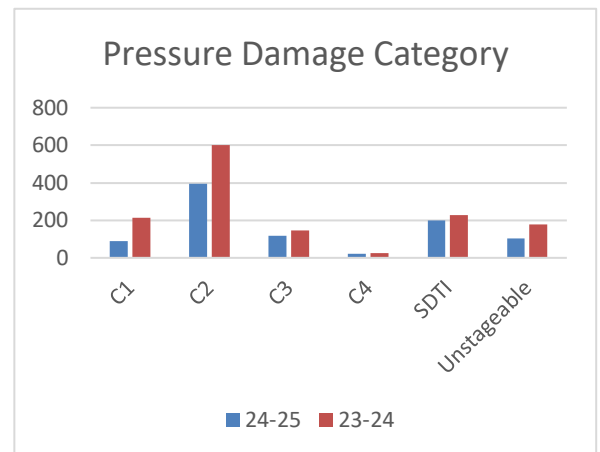
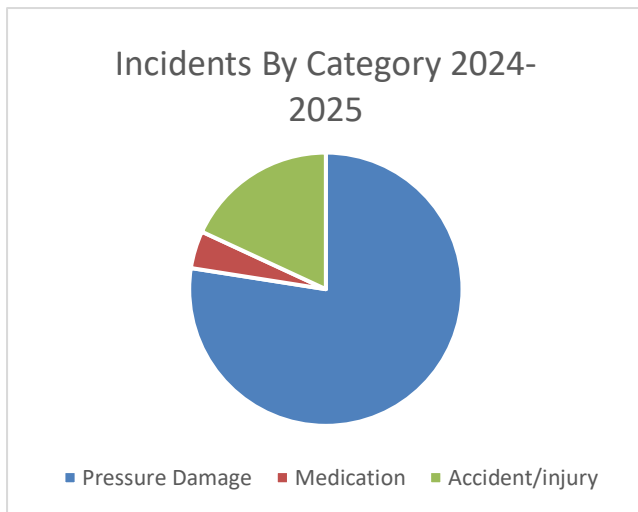
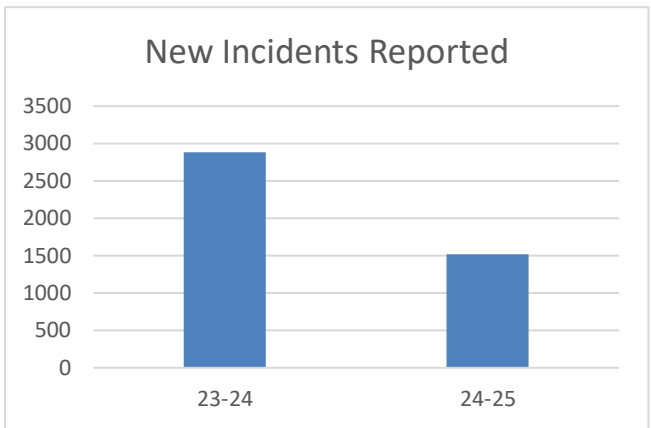
"Very valuable, it has helped me to develop resilience and plan better."

"Really easy to chat with facilitator, non-judgemental and allowed me to explore ideas, thoughts and feelings."

Quality, Safety and Patient Experience

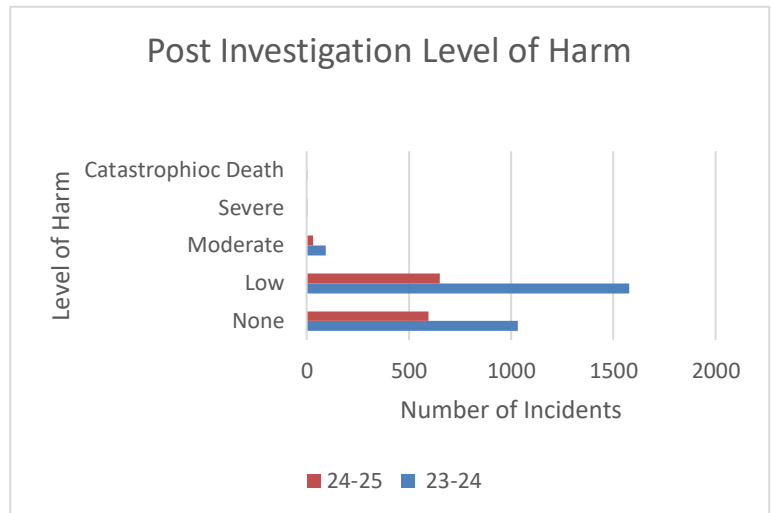
2024 saw a significant reduction in the number of patient safety incidents reported across all categories, likely because of education around incident reporting, and changes to process e.g no longer a requirement to report moisture damage. Most incidents reported, as in previous years, are relating to pressure damage, with 1118 incidents reported throughout the year.

While there continues to be high numbers of pressure damage reported, the data suggests a 47% decrease in reported pressure damage when compared with incidents reported in 2023, with 52% of incidents reported at Category 2 and below, demonstrating the impact of training and education undertaken in order to identify the risk of pressure damage and take appropriate action early on. 2024 also saw a 37% decrease in reported medication incidents.

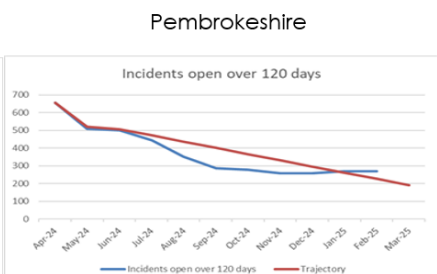
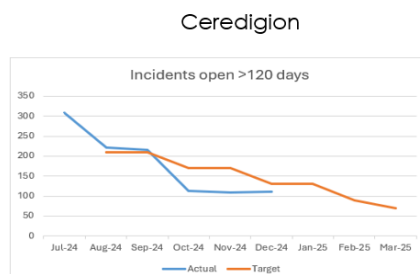
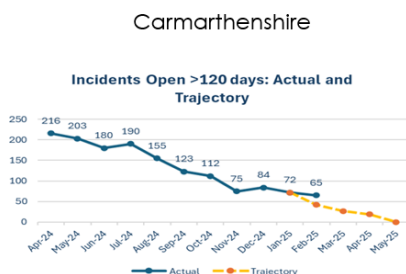


While around 50% of pressure damage is reported to have developed or worsened within the care of our service, like the previous year, 96% of all investigated incidents report either no or low level of harm, with many incidents deemed to be unavoidable following review in assurance meetings. Where incidents are found to be avoidable, this is often due to a combination of factors such as complexity of clinical condition, environment, non-concordance or poor documentation, (eg, lack of care plans and wound care charts).

All 3 counties hold monthly assurance meetings and have adopted a learning culture to share and disseminate learning and good practice. Avoidable incidents and learning are also shared through each county's 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).



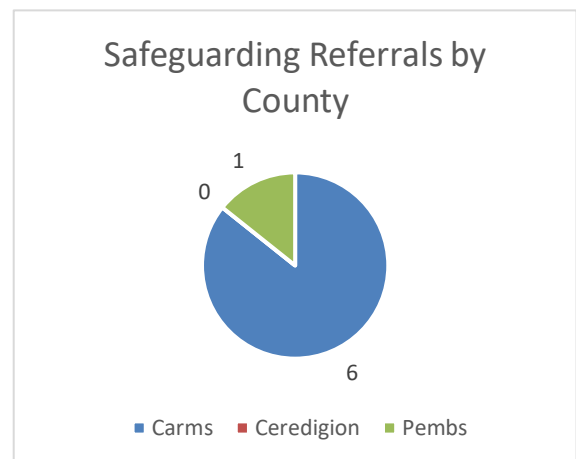
Significant progress has been made towards reducing the number of open incidents, with a focus on early screening and identification of harm for newly reported incidents. Early screening enables us to ensure learning is identified and shared in a timely manner, improving the quality of care delivered to patients within our communities.

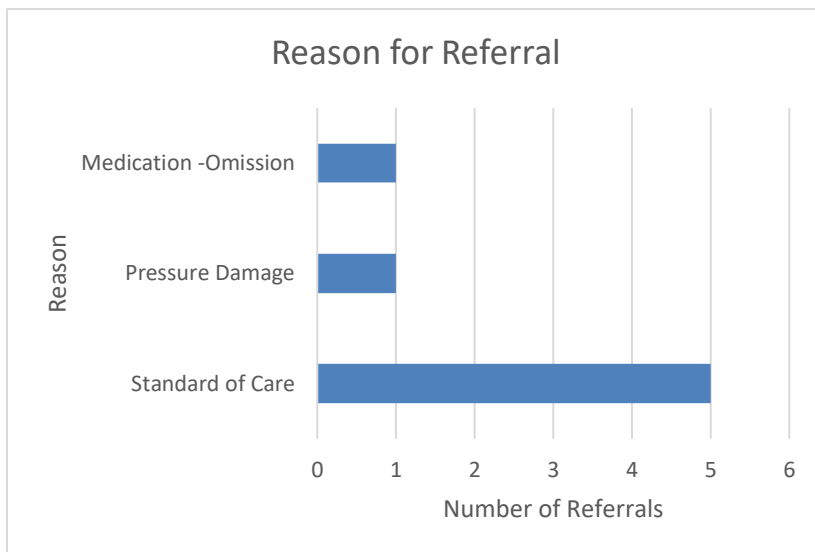


Safeguarding

7 safeguarding referrals were made against Community Nursing services across Pembrokeshire and Carmarthenshire in 2024. 85% of referrals were for alleged neglect with the standard of care being the most common reason for referral. Safeguarding referrals are reported via the 3 county Primary and Community Care Safeguarding Delivery Group on a quarterly basis, and those reports shared within county QSE meetings.

74 patient safety incidents record that safeguarding was considered as part of the reporting or investigation of the incident.





Patient Experience

The Civica Experience System provides a tool to capture feedback from patients, relatives, and other users of our community health care services. The system uses a variety of contact methods to engage with those that use our services, and feedback is being captured by our Community Teams in a variety of ways, including via QR code, paper survey and telephone survey.

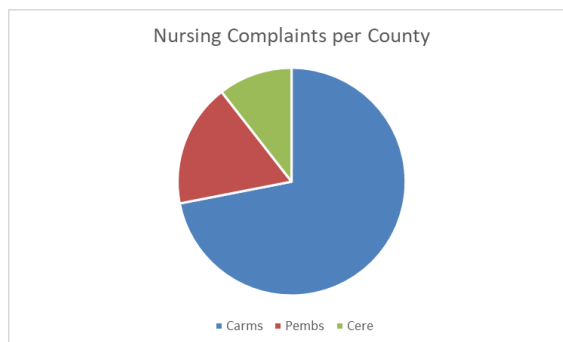
While we have had positive engagement with patients of our community nursing teams, further work is required to roll this out across all our community services, across the three counties. Services continue to welcome and receive feedback from patients, and this is shared through our county Quality, Safety and Experience Groups. Work is also ongoing to ensure teams can capture compliments via the Civica Experience system.

Our teams also receive feedback from patients and families by way of cards and letters. Below are some quotes from feedback received by teams.

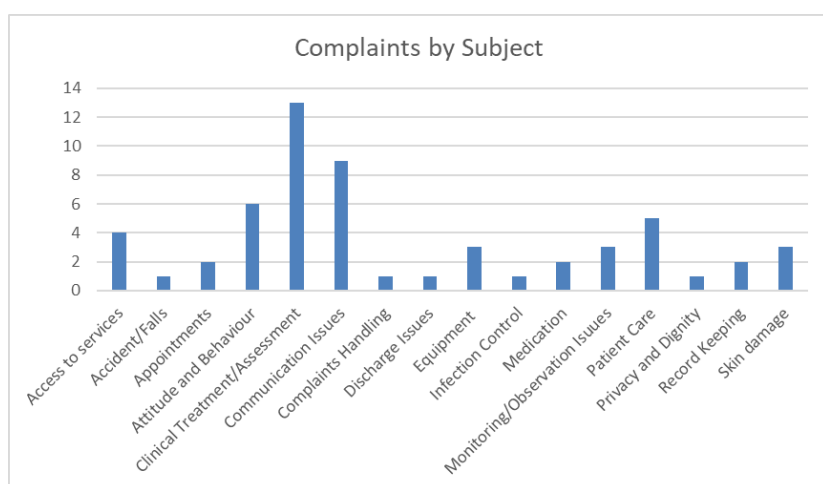
- *'If all NHS provision was like this the world would be a better place'*
- *'What a positive experience, I was treated with kindness and efficiency'*
- *'I was cared for by a highly knowledgeable and competent team'*
- *'Without doubt this was the most positive and best experience I have had'*
- *'Nothing was too much trouble'*
- *'Caring, reassuring and professional'*
- *'The team were all so happy in their work'*
- *'So many smiles'*
- *'The sheer tenderness, love and skill'*
- *'You should be so proud to have such wonderful staff in your organisation'*

Complaints

Throughout 2024 the Community Nursing Services across the three counties received a total of 57 complaints involving nursing teams or services, 4 of which were managed through Early Resolution. The top three reasons for complaints included communication issues, attitude and behaviour and clinical treatment/assessment.



Most complaints are closed within 30 days, with delays in closure generally due to awaiting responses from other services involved. Managing complaints through early resolution process is a key focus for 2025.



Argymhelliad / Recommendation

The Committee is asked to:

- **TAKE ASSURANCE** that high standards of care, professional practice, staff development and service delivery have remained key priorities for sustainable community nursing services.

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 4. Efficient 6. Person-Centred 2. Timely
Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	6. All Apply
Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic Objectives are applicable
Amcanion Cynllunio Planning Objectives	7 Primary and community strategic plan
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022	9. All HDdUHB Well-being Objectives apply

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	A Healthier Wales (Welsh Government, 2018) Primary Care Model for Wales (Welsh Government, 2015) National Community Nursing Service Specification (NHS Wales, 2022) NHS Wales long-term vision for sustainable, community-based care (Welsh Government, 2021).
Rhestr Termiau: Glossary of Terms:	Community Nursing Clinical Governance Continuing Professional Development (CPD) Incident reporting Patient safety Quality improvement Safeguarding Restorative supervision and well – being support
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Diwylliant, Pobl a Datblygu Sefydliadol: Parties / Committees consulted prior to People, Organisational Development & Culture Committee:	None

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	N/A

Ansawdd / Gofal Claf: Quality / Patient Care:	N/A
Gweithlu: Workforce:	N/A
Risg: Risk:	N/A
Cyfreithiol: Legal:	N/A
Enw Da: Reputational:	N/A
Gyfrinachedd: Privacy:	N/A
Cydraddoldeb: Equality:	N/A