



**BWYLLGOR ANSAWDD, DIOGELWCH A PHROFIAD GWEITHREDOL  
QUALITY, SAFETY AND EXPERIENCE COMMITTEE**

<b>DYDDIAD Y CYFARFOD: DATE OF MEETING:</b>	08 October 2024
<b>TEITL YR ADRODDIAD: TITLE OF REPORT:</b>	Community Nursing
<b>CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:</b>	Jill Patterson, Director of Primary Care and Long Term Care
<b>SWYDDOG ADRODD: REPORTING OFFICER:</b>	Tracey Evans Head of Nursing Ceredigion County Sarah Cameron Head of Nursing Carmarthenshire County Lyanne Lewis Interim Head of Nursing Pembrokeshire County

**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 report aims to provide assurance to the Quality, Safety and Experience Committee of quality, safety and the sustainability of Community Nursing Services across the 3 Counties following the presentation of the Three County Community Nursing Annual Report at the People, Organisational Development and Culture Committee Meeting on the 15<sup>th</sup> April 2025.

In response to the specific questions raised, this paper will outline the positive developments which have been achieved despite financial and workforce limitations.

This report will highlight some of the key objectives for the service and the investment that has been made to develop robust, sustainable Community Teams.

While the report also identifies key challenges, it seeks to provide assurance by also including detail around mitigating actions undertaken to maintain safety and quality, minimising the impact on patient care.

**Cefndir / Background**

**Key Objectives**

**National Community Nursing Service Specification**

- Ensure all teams have minimum of 0.4 WTE administration support
- Increase community nursing provision on weekends to 60% of cover provided during weekdays.
- Increase leadership and supervision within district nursing teams
- Community Nursing Services use an evidence-based frailty tool e.g. Clinical Frailty Scale App, which allows for consistent identification and assessment of frailty
- Offer of restorative supervision every 6 months and clinical supervision session every 8 weeks

- Systems in place to ensure all Nurses are able to achieve the Fundamental Areas of Practice for All Registered Community Nurses according to level of knowledge and skills required in the nurses area of practice.
- Community nursing services use shared person reported outcomes and experience measures, which will allow nurses to evaluate the care they provide and identify areas for improvement.
- Increasing end of life care capacity at weekends
- Work collaboratively with members of the wider Nursing community and multi professional team, to identify opportunities for preventative services and early interventions

Bi-annual self-assessment submitted to Welsh Government, with recent peer assessment completed with neighbouring Health Board.

[Link to June 2024 Self Assessment](#)

### **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 Community Nurse Specialist (CNS) Provision (previously 1 CNS covered all 3 counties on weekends)
  - 0.4 B7 funding available per county to increase weekend provision either by recruitment or funding increasing unsociable hours costs
- Increase community nursing provision on weekends to 60% of cover provided during weekends
  - Funding for 12 hours per Team Band 4 Assistant Practitioner

### **Strategic Programme for Primary and Community**

- Primary and Community Care Framework

### **Primary and Community Strategy**

Task and Finish Groups

- Community issues
- Workforce and sustainability
- Estates
- Best Practice, Outcomes, Improvement and Safety

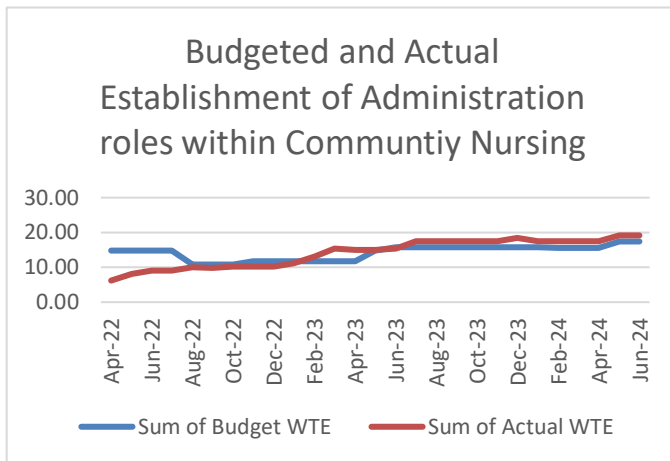
### **Targeted Intervention Escalation Plans**

- Incident management and timely investigations
- Compliance with Performance Appraisal and Development Review (PADR)
- Managing sickness and absence
- Reducing staff turnover

**Asesiad / Assessment**

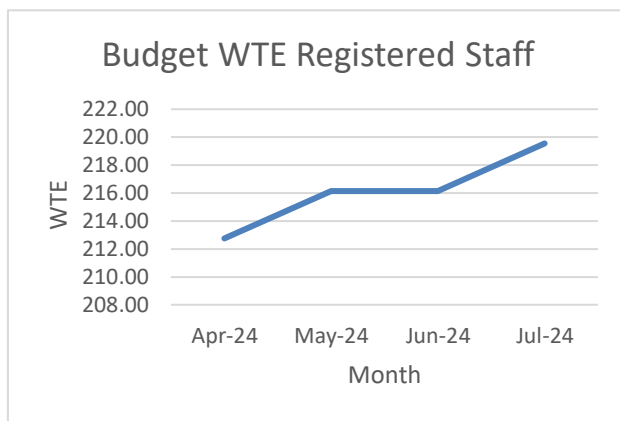
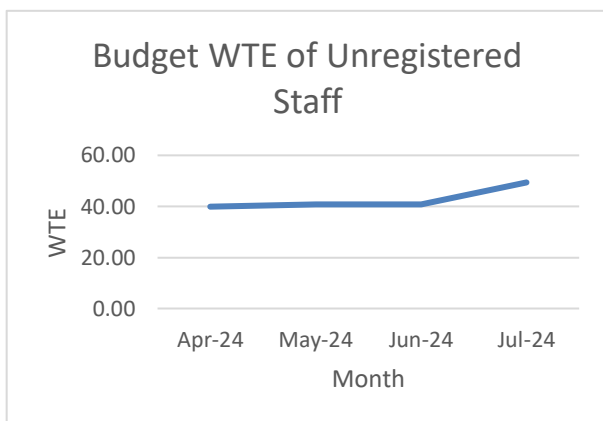
**Workforce**

Building capacity across community to develop robust and sustainable services has been a key focus over the last 12 months. Funding provided by the Neighbourhood Nursing Project and Further Faster funding, alongside repurposing of existing funding has ensured all Community Nursing Teams have access to a minimum of 0.4 wte administration support, and an increase in both registered and unregistered workforce. The introduction of coordinators into Community Nursing Teams and access to centralised administrative support, including within teams providing a single point of access, has ensured that all teams have access to at least 0.8 WTE administrative support.



Funding from the Neighbourhood Nursing project and Further Faster has supported increasing the unregistered workforce, employing further Band 3 Health Care Support Workers and Band 4 Assistant Practitioners within our Community Nursing Teams. Delays in receiving funding and recruitment process has meant that the impact of this recruitment is only now being realised. Funding from the Neighbourhood Nursing Project has enabled the appointment of a Band 6 Professional and Practice Development Nurse to work

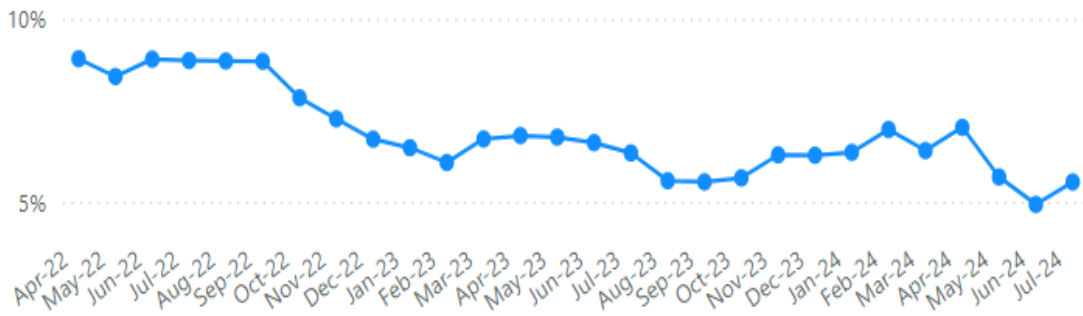
specifically with the unregistered workforce, supporting induction, facilitating training and development, providing academic support and delivering restorative supervision.



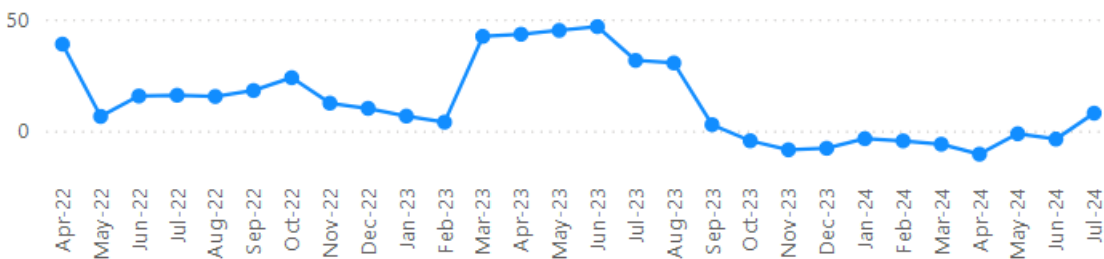
Further Faster funding, alongside restructuring our existing services and staffing resource has also enabled an increase in the registered workforce across the community teams.

While turnover has been high, it has steadily reduced. Each county has undertaken some exploratory work to look at reasons for staff leaving posts, with retirement and progression being the most common reasons. Other actions include the provision of restorative supervision, which has been seen to improve staff retention, use of the flexible working toolkit, and offering internal movement within services where vacancies arise.

### Staff turnover – 12 month rolling

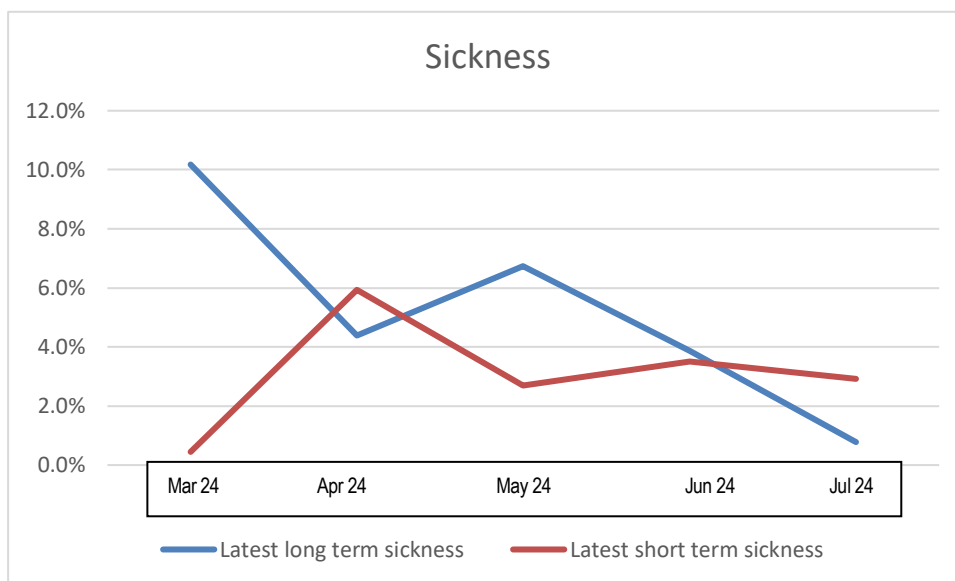


### Vacancies



Vacancies across the three counties have steadily reduced over the last 12 months, following significant challenges in Pembrokeshire recruiting into some Band 6 and Band 7 roles. Actions taken to support this reduction include:

- Appointment of Newly Registered nurses on a bi-annual basis via streamlining
- Offering employment to Return to Practice nurses
- Internal movement
- Trial of non-Specialist Practitioner Qualification (SPQ) Band 6 Community Sister post alongside SPQ Band 6 to adhere to staffing principles
- Appointing staff into Band 6 District Nurse posts who are working towards or have agreed to complete the SPQ
- Increased numbers of Assistant Practitioners



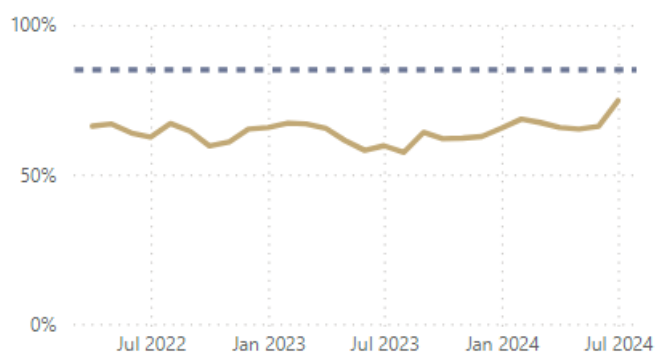
At the beginning of the year there was an increase in long term sickness, and also an increase in the number of absences related to stress, anxiety and depression, and while

long term sickness has improved, this remains the most common reason for absence. Workforce reports suggest that this is not work-related, however, this may be due to the way in which work related stress is recorded.

Actions taken to improve sickness include:

- HR supporting Team Leads with proactive management of sickness in line with policy.
- Supporting reasonable adjustments and alternative duties to facilitate return to work.
- Provision of restorative supervision.
- Organisational Development (OD) supporting with well-being focussed work.
- Promoting Health Board well-being days and resources.

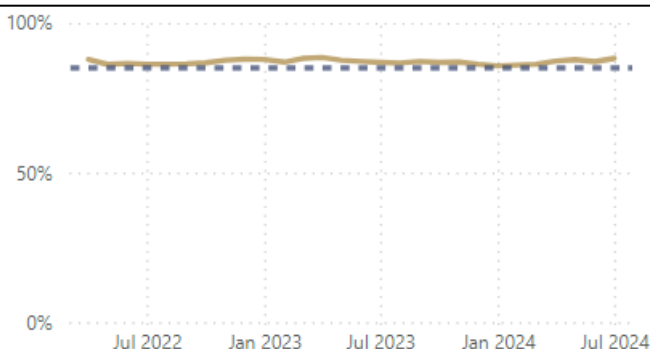
### % staff who have had a PADR in past 12 months



Community nursing teams have faced a number of challenges in ensuring all staff receive an annual appraisal including staffing shortages, sickness and vacancies within leadership roles, incorrect assignments on Electronic Staffing Record (ESR) and managing large teams. Teams have made a focussed effort to improve compliance in line with escalation plans, seeking support from OD where necessary to explore alternative approaches e.g group PADR's.

Community Nursing teams have maintained compliance with mandatory training, with dedicated Professional and Practice Development Nurses (PPDN) facilitating Mandatory Training Days to improve access to training otherwise delivered in acute sites. PPDNs have received cascade training and support the delivery of Basic Life Support (BLS) and Immediate Life Support (ILS), Peripherally Inserted Centralised Catheter (PICC) line management and Aseptic Non Touch Technique (ANTT) assessment.

### % of staff compliant with Core Skills Training Framework



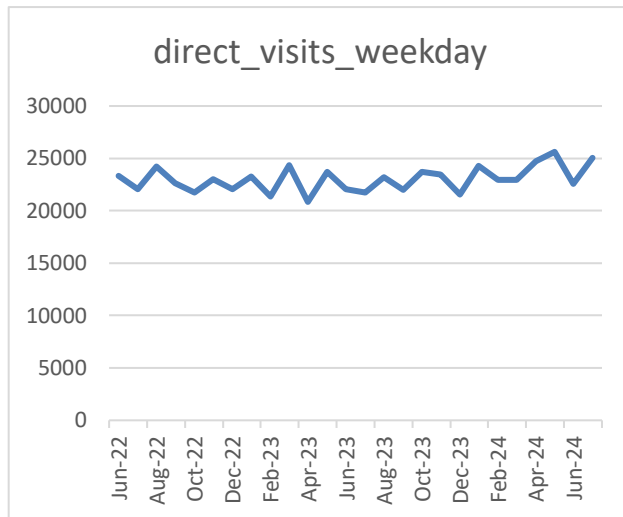
The team delivered training on the Welsh Levels of Care to all community nursing teams and facilitated sessions on professional issues including documentation, incident investigation and reporting, revalidation for confirmers, care planning and delegation. Some of the additional clinical training that has been undertaken by Community Nursing Teams has included:

- Cannulation
- Catheterisation
- Management of continence
- Digital removal of faeces
- Administration of Intravenous line's (IV's)
- Syringe Driver and Palliative Care/Symptom management.
- Management of Picc and Mid lines
- Management of nasogastric tube
- Management and replacement of percutaneous gastrostomy endoscopic (PEG)

- Management of Radiologically Inserted Gastrostomy Tube (RIG)
- Management of wounds, including compression, Negative Pressure Wound Therapy (NPWT) and wound drains
- Management of nephrostomy
- Management of ascitic and chest drains

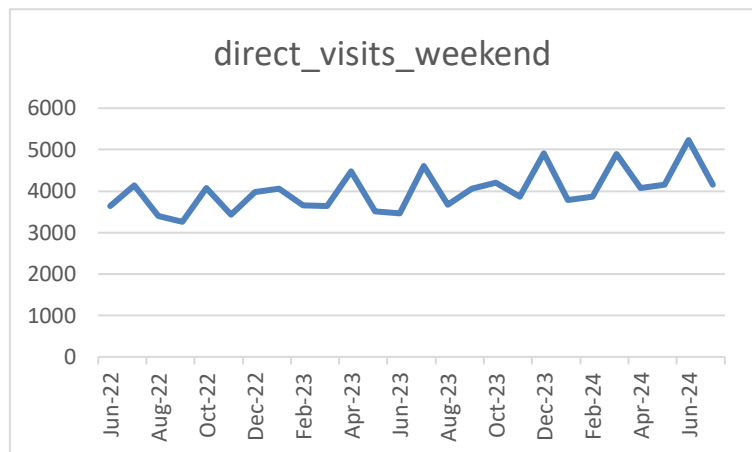
## Performance

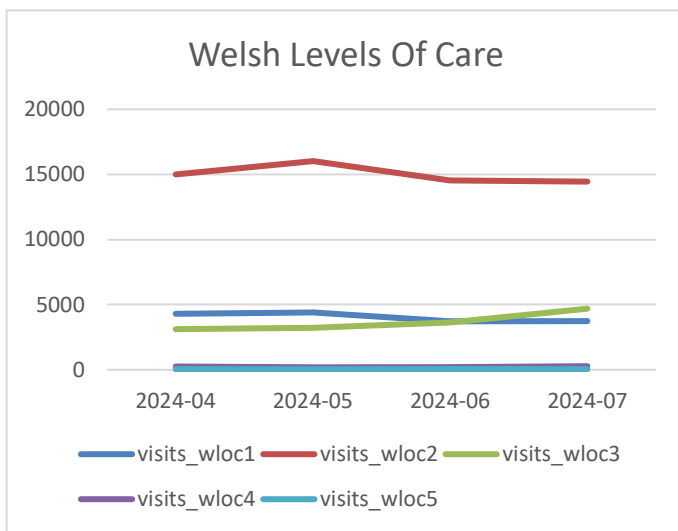
### Activity Data



Activity data is collated and reported to the Care Action Committee monthly, alongside information on WTE's in Community nursing and Specialist Palliative Care on a quarterly basis. Across the three counties between twenty and twenty thousand visits are carried out on weekdays each month. A key objective of the Community Nursing Service Specification is to increase the number of staff working weekends to 60% of that working during the week by September 2024 and 80% by the end of the year.

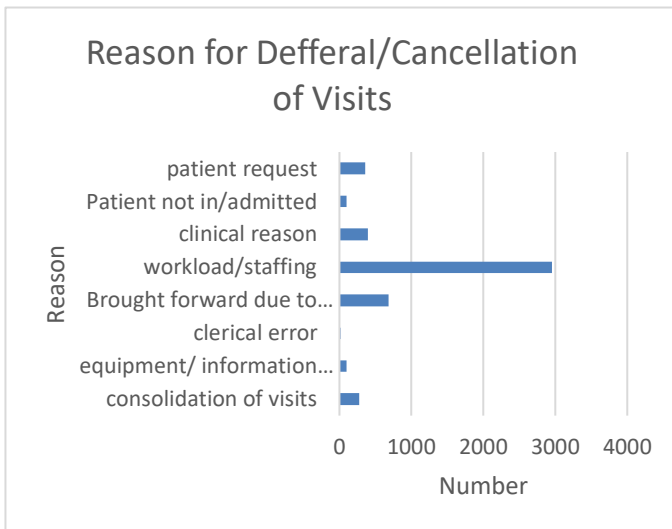
Reasonable progress against the 60% target has been made with, activity gradually increasing at weekends. Work is ongoing to review the workforce and identify the additionality required to meet the targets set. The delay in progress is due to the positive recruitment of a large number of new starters, (29 since January 2024), who require training in specific community clinical skills before able to work at weekends, and a limitation on the work that can be carried out at weekends alongside a lack of support services available (e.g. no transportation of samples at weekends).





Patient acuity is reported using the Welsh Levels of Care; however data nationally has suggested the majority of community nursing activity is routine, scoring only Level 1 or 2. This didn't reflect anecdotal evidence and so a focussed piece of work has been undertaken by the PPDN Team, who have reviewed the training package and supported teams during handover to discuss and correctly score patients. Three teams received the updated training throughout July and there has been a small increase in the number of Level 3's reported.

Community nursing has recently seen an increased number of deferred or cancelled visits since the beginning of the year. This increase has coincided with sickness and vacancies. The average number of deferred visits per month is **4652**, with the most common reason for deferring or cancelling a visit being workload or staffing. Priority level 1 and 2 work is prioritised with the majority of deferred or cancelled work Priority Level 3. This work includes routine reviews and risk assessments and some preventative work, however the impact on the safety and quality of care has been minimal due to the number of mitigating actions in place, which include:

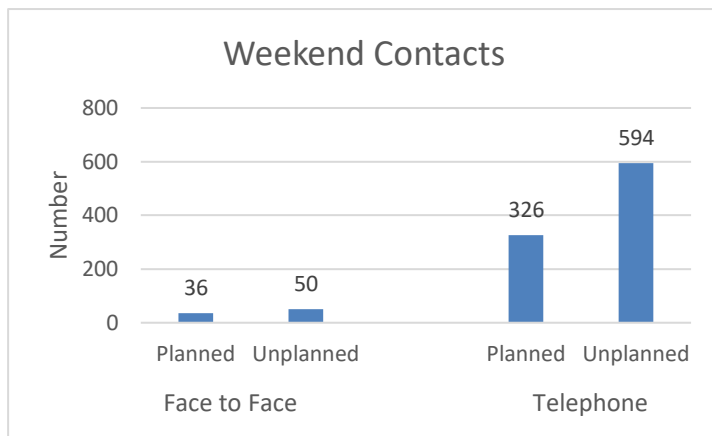


- Following escalation policy
- Daily sitrep calls
- Using professional judgement to prioritise workload
- Redeployment of staff/workload daily
- Cross boundary working
- Support from wider Community Teams
- Support from neighbouring counties
- Increasing priority of visit after deferring three times
- Reviewing geographical boundaries
- Temporary movement of staff
- Bank
- Business Continuity plans in place

Throughout the month of August, the number of deferred or cancelled direct patient visits has reduced to **1618** with 731 as a result of staffing or demand, demonstrating the impact of recent investment in workforce and work done to recruit and retain staff.

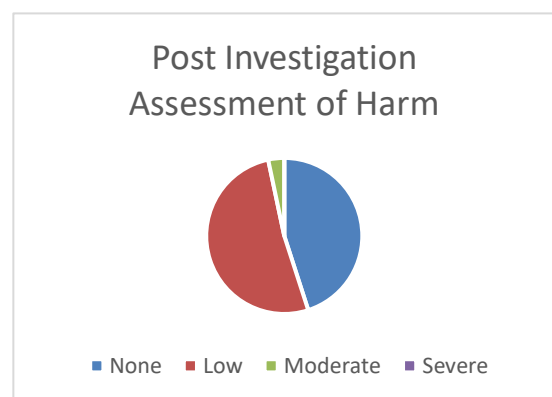
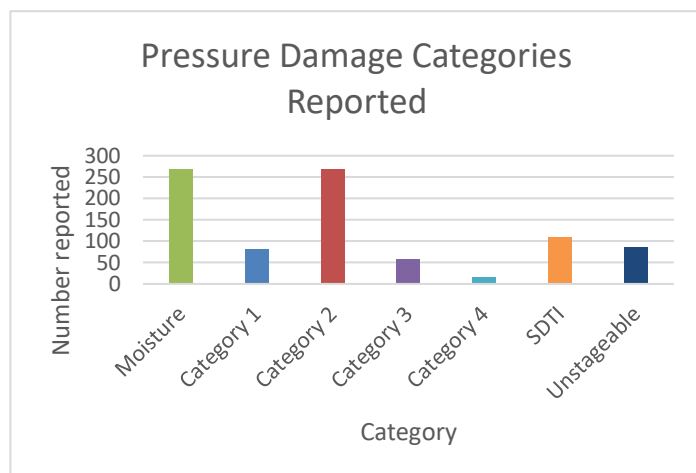
To ensure provision of Community Palliative Care Specialist Nursing over 7 days further faster funding was utilised to cover enhanced pay at weekends. Where previously the Palliative Care Specialist Team support provided at weekends was limited to one nurse providing telephone support to three counties, the additional funding has enabled us to provide in county support at weekends, improving access to specialist advice and support for patients and health professionals, supporting timely care at end of life and improving continuity and support for the team.

The provision of a specialist palliative care nurse within each county has enabled increased numbers of both planned and unplanned face to face contacts, with a total of 920 face to face contacts taking place during weekends since commencing in April 2024. Unplanned contacts may have previously sought advice via out of hours or attended an Emergency Department.



### Safety

Since the beginning of 2024 a total of 941 incidents have been reported to the Community Nursing Services across the three counties. As previous, pressure damage remains the highest reported incident, making up 91% of all reported incidents. Despite the increase in deferred visits seen over recent months, pressure damage continues to be identified in the majority of incidents at the lower categories of damage.



Post investigation assessment of harm shows that the level of harm to patients remains low, with no severe harm reported. All teams continue to provide timely screening and review of new incidents, ensuring patients are receiving the required appropriate care and work is ongoing to ensure timely investigation and closure of incidents, in line with trajectories and action plans, which map improvement to less than 10 incidents over 120 days old.

### Risk

Risks around staffing and the delivery of safe, quality care are recorded on the risk register for each county. The heatmap below shows the distribution of risks dependent on their score. Mitigating actions have been completed for many, enabling the reduction of risk score for several of the risks.

## Risk overview

Open risks	Risks overdue	% overdue	Open actions	Actions overdue	% overdue
23	1	4%	29	1	3%

## Risk heatmap

		Likelihood				
		Rare 1	Unlikely 2	Possible 3	Likely 4	Almost Certain 5
Impact	Catastrophic 5			1858	1897	
	Major 4	1774	1515	1900 1437 1841 1377 1426 1622 1868 1898	572 1570 576 1231 1790	
	Moderate 3			1427 1650	1583 1871 1434	1914
	Minor 2					
	Negligible 1					

## Experience

All community nursing teams now have access to Civica Experience for the reporting of patient reported experience measures, although some work is required to embed this into routine practice. Responses indicate that experience of our service is generally good with respondents always or usually feeling listened to, provided with support when needed and understanding what is happening with their care and feeling involved. Some feedback has suggested a small number of people have been unable to speak to staff in Welsh and there is ongoing work with the Welsh language Team to raise awareness across our community teams. While general feedback is mostly positive when asked what could be improved some themes include communication, particularly between the multiple teams involved in the persons care, and the provision of a time of visit. Consideration has been given to the capabilities of scheduling systems during the tendering process and to whether the move to an 8am to 8pm service will offer patients greater choice and flexibility in terms of timings of visits. Patient experience is discussed monthly as part of County Quality Safety and Experience meetings and shared with professional forums to identify learning.

Last year a survey was conducted with our community teams, exploring the impact of staffing and workload on staff experience and well-being. Results were shared as part of a three county Professional Group Meeting in September 2023 and some actions were taken because of this feedback, including further investment in the training of Professional Nurse Advocates to support the delivery of restorative supervision and the review and pilot of community nursing documentation. The feedback was shared nationally via the Primary Care and Community Nursing Network, and there is ongoing work to develop a standardised staff experience survey for use across Wales as a result.

## Summary

This report outlines key objectives for Community Nursing and demonstrates recent investment and developments, and the impact this has had in terms of workforce, and quality and safety of patient care. Recent challenges have been highlighted, alongside some of the actions taken to minimise impact on patient care. Deferring lower risk workload has enabled teams to ensure care is prioritised appropriately, meeting the health care needs of those most in need. Safeguards have been put in place to reduce the risk of lower risk activities escalating, and as a result there has been minimum impact on patient care observed. There has been no increase in reporting of safety incidents, including pressure damage, and likewise, patient experience appears consistent throughout this period, with no changes to feedback received and no increase in patient complaints seen. Recent activity data suggests a marked reduction in deferred and cancelled visits, as a result of recruitment, reallocation of resource, proactive absence management and recent Welsh Government investment.

The recommendation is to request the Committee accepts the paper as assurance that despite the significant challenges for Community nursing services in HDUHB, and indeed across Wales, mainly recruitment and retention of staff, managing the demand and capacity of caseloads and demonstrating the value and complexity of district nursing, there is no doubt of the successes and achievements that have been made, as identified in the annual report.

Services and teams are working to embed the principles of community nursing with care closer to home, integrated multidisciplinary working and focusing on proactive and preventative care, which remain the focus and main drivers for delivering safe and effective care to the population.

There has been investment from Welsh Government which has enabled Community Nursing services to participate in both local and national initiatives and enabled additional recruitment to increase capacity within teams and ensure robust and sustainable services.

#### Argymhelliad / Recommendation

We ask that QSEC note this report and take assurance that there is clear oversight of risks and actions in place to achieve the recommendations set out by Care Action Committee.

<b>Amcanion: (rhaid cwblhau) Objectives: (must be completed)</b>	
Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	
Nodau Gwella Ansawdd: Quality Improvement Goal(s):	

Amcanion Strategol y BIP: UHB Strategic Objectives:	
Amcanion Llesiant BIP: UHB Well-being Objectives: <a href="#">Hyperlink to HDdUHB Well-being Statement</a>	

<b>Gwybodaeth Ychwanegol: Further Information:</b>	
Ar sail tystiolaeth: Evidence Base:	
Rhestr Termau: Glossary of Terms:	
Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y Is-bwyllgor Ansawdd, Diogelwch a Phrofiad Gweithredol: Parties / Committees consulted prior to Operational Quality, Safety and Experience Sub- Committee:	

<b>Effaith: (rhaid cwblhau) Impact: (must be completed)</b>	
<b>Ariannol / Gwerth am Arian: Financial / Service:</b>	Contained within the body of the report.
<b>Ansawdd / Gofal Claf: Quality / Patient Care:</b>	Contained within the body of the report.
<b>Gweithlu: Workforce:</b>	Contained within the body of the report.
<b>Risg: Risk:</b>	Contained within the body of the report.
<b>Cyfreithiol: Legal:</b>	Not Applicable
<b>Enw Da: Reputational:</b>	Not Applicable
<b>Gyfrinachedd: Privacy:</b>	Not Applicable
<b>Cydraddoldeb: Equality:</b>	Not Applicable