National Assembly for Wales
Health, Social Care and Sport Committee

Community and district nursing services

August 2019

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August 2019

About the Committee

The Committee was established on 28 June 2016. Its remit can be found at: www.assembly.wales/SeneddHealth

Committee Chair:

Dai Lloyd AM
Plaid Cymru
South Wales West

Current Committee membership:

Jayne Bryant AM
Welsh Labour
Newport West

Angela Burns AM
Welsh Conservatives
Carmarthen West and South Pembrokeshire

Helen Mary Jones AM
Plaid Cymru
Mid and West Wales

Lynne Neagle AM
Welsh Labour
Torfaen

David Rees AM
Welsh Labour
Aberavon

The following Members were also members of the Committee during this inquiry.

Dawn Bowden AM
Welsh Labour
Newport West

Neil Hamilton AM
UKIP Wales
Mid and West Wales

The following Member attended as a substitute during this inquiry.

Darren Miller AM
Welsh Conservatives
Clwyd West

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1. Introduction

Background

1. District nurse-led community nursing services[1] deliver care in patients' homes. This can support individuals and their families to manage their health, avoid unnecessary hospital admissions, enable early discharge, and help maintain independence. These services are likely to become an increasingly important part of the NHS workforce, given the policy shift in care from hospitals to community settings, and the increasing healthcare needs of an ageing population and those with chronic conditions.

2. Despite the recognised contribution district nurse-led community nursing teams could make to the future delivery of healthcare, little is known about this "invisible" service. There is no accurate picture – at national level - of the number and skill mix of nursing teams, nor of the numbers and acuity level of patients receiving care in their own homes. This is likely to have an impact on the effectiveness of workforce planning. It's not clear how community nursing teams' activity is measured and reported, or what performance or outcomes measures are used to monitor the quality and safety of these services. There is also a lack of information about children's nurses working in the community (district nursing is an adult-focused service).

Terms of reference:

3. The terms of reference for the Committee's inquiry were to look at:

- whether we have a clear picture of the district nursing and 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,
- whether there is clear strategy, at national and local levels, about the future direction for district nurse-led community nursing services. How

[1] 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.

Community 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.

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,

- 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.

2. Nursing in the community

4. According to the Royal College of Nursing (RCN) Wales, two thirds of its membership work in the community, in a variety of roles and settings:

> "Recent years have seen a transformation of NHS healthcare and population need. Our population is living longer and living longer with chronic and complex conditions. For the last decade in Wales, Health Boards have been reconfiguring acute hospital services, reducing bed numbers, encouraging shorter patient stays and enabling more complex treatments and care to be delivered at home."[2]

5. Nurses in the community work in a number of environments, from clinics and health centres to residential accommodation and patients' own homes, and help meet the needs of elderly, disabled or vulnerable patients who may not be able to easily visit a hospital. Adults and children with complex conditions receive care in the community, as do those recovering from treatment or operations.

6. Community nursing teams act as a valuable link between acute services and primary care, and promote independent living.

Role of the community nurse

7. The RCN Wales called for the Welsh Government to set out a renewed vision for primary, community and social care including the role and value of community nursing.[3]

8. It highlighted a "renewed emphasis in Welsh Government policy on prevention and public health and an integration between health and social care", but stated that:

> "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

[2] Written evidence, CDN04

[3] Written evidence, CDN04

> health nurses, school nurses and health visitors are becoming invisible to policy makers and undervalued."[4]

9. Dr Sue Thomas, RCN Wales, told us:

> "(...) the nature of what people require from those district nurses within their own homes is extremely complex. It is becoming more and more complex, and that's due to a huge variety of factors. It's due to earlier discharge from hospital; it's due to keeping people at home to avoid unnecessary hospital admissions; it's to do with comorbidities, multiple conditions that that person might hold. It's to do with more than that, though – the effect of the biological, psychological and sociological effects on somebody's life."[5]

10. She went on describe a routine day in the life of a community nurse, which illustrates the day-to-day skills needed:

Case study 1

The referral was made to go and visit a lady who had been in hospital and needed her operation wound to be looked at, that sort of thing, to make sure that she was safe at home. And that lady was living in a house that didn't belong to her; she was living with a member of the family, because her own home was being renovated by the council. (...) It was all very open plan, and she was living in a sort of curtained off area, with a double bed, that you had to pass through to get to the kitchen. It was a very chaotic sort of home circumstance. And, actually, her wound was absolutely fine, but it was very clear that this lady had had surgery that hadn't been very successful and that, actually, the course of her life might be very changed as a result of it. That wasn't anything that was previously known about, but she sort of alluded to that.

She also said that she had been spending a lot of time in bed, because, actually, her feet were very swollen. She couldn't get her slippers on, and so, she was avoiding mobilising for that reason. So, there were clearly some concerns there for her risk of falling, but also the reasons as to why this was happening to her.

She also explained to the district nurse that her mouth was very sore. And, actually, when we looked inside her mouth, it was clear that there were some problems there. She also had been given some information about the sort of

[4] Written evidence, CDN04

[5] RoP, 21 March 2019, paragraph 7

food that she should be eating, but she hadn't quite remembered what that should be. She wasn't quite sure what it was all about.

So, between walking in through that front door and leaving, that district nurse was confronted with things that were to do with that person's physical, social, but also psychological well-being. Totally unexpected, and, actually, the time allowed for that call was very, very short, as has happened over the years, because district nursing has become very much managed by a task-to-time method.

11. Nurses working in the community also told us about the changing nature of their role:

> "... we have very few rehab patients, patients' needs generally are becoming more complex, they are not just your amputated limb, ulcerated legs, fractured limbs, strokes they generally come with a [myriad] of other health conditions which impact greatly on their general health..."[6]

12. We also heard that they are finding it more difficult to meet the demands on them, particularly as patients' needs are generally becoming more complex and the volume of paperwork is increasing.

Children's community nurses

13. Written evidence from RCN Wales calls for an increase in the numbers of children's community nurses (CCNs). It recommends that for an average-sized district with a child population of 50,000, a minimum of 20 whole time equivalent (WTE) community children's nurses are required to provide a holistic children's community nursing service (in addition to any individual child-specific continuing care investment).[7]

14. Lisa Turnbull, RCN Wales, told us that newly qualified children's nurses are tending to go into [hospital based] neonatal care. However, with more children with complex needs being supported at home, there was greater demand for children's nurses in the community. She said:

> "(...) we are not clear how many children's nurses are currently working in community teams. (...) we're fairly clear there probably aren't enough,

[6] Written evidence, CDN AI 16

[7] Defining staffing levels for children and young people's services

> so we need more, and we need some kind of vision for the best way for them to work inside community nursing teams…"[8]

15. Written evidence received from an individual suggested there is a deficit in the children's community nursing workforce, describing the service as "the forgotten workforce when it comes to care in the community". It goes on to say that the service provides "an essential and critical life line of support, education and clinical service to children and young people within the community setting. This is a serious omission, which requires urgent attention".[9]

16. However, Professor Jean White, Chief Nursing Officer told us that there was no benchmark set for staffing levels in children's community nursing. She said that although the RCN advocate 20 community children's nurses for 50,000 patients, that is an aspiration rather than a requirement. She went on to say:

> "(…) we know, in Wales, that our community children's nursing services don't match that particular standard. What we expect the health boards to do is to work out how they're going to shape their local services to meet the needs of their population."[10]

17. The Cross Party Group on Hospices and Palliative Care 2018 inquiry into inequalities in access to hospice and palliative care heard that children are less likely to be able to be cared for at home at the end of life than adults because of the significant shortage of children's community nurses with appropriate palliative care skills. That Group made a number of recommendations to the Welsh Government, including "that the End of Life Care Implementation Board should develop a robust action plan to address shortages in community nursing for both children and young people, and adults with palliative care".[11]

18. Hospice UK also raised concerns that there is a lack of trained children's nurses throughout Wales, and that the number of places allocated for training is not considered adequate by those working in community paediatric nursing to address the current and future shortage.

19. Dr Andrew Goodall, Director General for Health and Social Services and Chief Executive of NHS Wales, told us:

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[8] RoP, 21 March 2019, paragraph 60

[9] Written evidence, CDN10

[10] RoP, 21 March 2019, paragraph 234

[11] CPG Hospices and Palliative Care: Inquiry Inequalities in access to hospice and palliative care, July 2018

> "Irrespective of some problems with the numbers [of community-based children's nurses], what we have recognised (…) nationally through the commissioning numbers, is that there was a need to expand those particular areas to make sure that we had a pipeline of individuals that would come through for the posts that we do need in the community service. So, just to say, for children's nursing and also for learning disabilities in the community context, there's also been an over 50 per cent increase in those commissioning places. Again, that will help us over the course of the next five years or so, as those come off the training schemes."[12]

Care home nurses

20. The RCN Wales raised concerns about care home nursing. In its written evidence, it states that 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; prevent unnecessary hospitalisation.

21. It goes on to say that with the increasingly 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.[13]

22. However, in oral evidence, Lisa Turnbull told us that despite a number of good initiatives in different health boards for a community nurse presence in care homes, "what seems to be missing is that sense of a national approach to how important this is".[14]

Palliative and end of life care

23. We heard from Hospice UK that the Palliative and End of Life care delivery plan[15] includes little direct reference to district and community nursing, despite

[12] RoP, 21 March 2019, paragraph 241

[13] Written evidence, CDN04

[14] RoP, 21 March 2019, paragraph 65

[15] Palliative and End of Life Care Delivery Plan, March 2017

the crucial role community nurses play in enabling patients with palliative care needs to remain at home.

24. It states that:

> "While community nursing services support people with palliative care needs in their own home throughout their illness, their input is likely to significantly increase as the person requires end of life care during their final weeks of life.
>
> Access to the community nursing service, as well as appropriate social care, around the clock is essential if a person is to remain at home for as long as possible and to avoid unnecessary hospital admissions or a call out to the emergency services, if that is their preference."

25. Hospice UK go on to say that without greater clarity on who is being cared for, where, and by whom, it is impossible to accurately determine the level of unmet need for palliative care more widely in Wales or to quantify the real, and the potential need for input, from community nursing services to meet every person's need for community palliative care (see also chapter 4 on data collection).[16]

Our view

26. The changing nature of healthcare provision and the move to provide more care outside the traditional hospital setting means that the role of community nurses has become increasingly demanding.

27. Increased emphasis by policy-makers and healthcare providers on delivering services in the community has resulted in increased expectations for people to be able to access treatment in this way, and advances in medicine have made this a reality. Inevitably, this has changed the way community nursing is perceived and the service has had to respond accordingly.

28. Integration of health and social care has led to a blurring of roles, with greater expectations now on community nurses to meet the emotional and mental health needs of their patients, as well as the physical. It is, therefore, alarming to hear community nurses describe themselves as the "invisible service".

[16] Written evidence, CDN01

29. As regards children's services, more children with complex medical needs are being supported to live independently at home, which consequently gives rise to increasing demands on the children's community nursing service.

30. It is worrying, therefore, to hear that there is no clear picture of the number of children's nurses currently working in the community. Further, we were extremely concerned to hear that children are less likely to be cared for at home at the end of life than adults because of shortages in appropriately skilled community nurses.

31. In relation to nursing provision in care homes, we draw the Minister's attention to evidence from the RCN Wales about the need for greater communication, sharing of professional knowledge and support between health boards and independent care providers.

32. As regards palliative and end of life care, we note that the Minister has accepted the recommendation made by the Cross Party Group on Hospices and Palliative Care that the End of Life Care Implementation Board should develop a robust action plan to address shortages in community nursing for both children and young people and adults with palliative care needs.

Recommendation 1. The Welsh Government must ensure that the crucial role of community nursing, including children's community nurses, in the future delivery of healthcare is properly recognised in its workforce planning, nurse recruitment and training.

Recommendation 2. The Welsh Government must undertake an audit of the number of children's nurses working in the community to inform its future workforce planning. This must take account of the specific needs of children with complex medical conditions to ensure sufficient supply of suitably skilled children's community nurses in the future.

Recommendation 3. The Welsh Government must publish an update on progress to develop an action plan to address shortages in community nursing for both children and young people and adults with palliative care needs

33. In addition to the general conclusions above, we have a number of specific recommendations for the Welsh Government. These are set out in the following chapters.

3. Community nursing strategy

34. A community nursing strategy for Wales was published in 2009 but was rapidly superseded by the Welsh Government's primary care plan and development of the cluster model.

35. Written evidence from Healthcare Education and Improvement Wales[17] notes that *A Healthier Wales* superseded the Welsh Government's primary care plan, and that the priority areas of focus going forward are set out in the Strategic programme for primary care[18]. There is, however, limited specific reference to community nursing in these documents.

36. Dr Andrew Goodall, Director General for Health and Social Services and Chief Executive of NHS Wales, told us the Welsh Government is trying to shift the focus from individual strategies to a broader, multi-disciplinary approach:

> "(...) there is a danger of us wanting to pursue lots of individual visions and strategies for services, and what we tried to do in issuing 'A Healthier Wales' last June was to stand back, to set the vision but also the expectation for the system in much broader terms about settings, and I would openly say that as well as needing to emphasise, for example, the importance of district nurses as a profession—and they are essential (...) as the core physical caregivers within our system—we are trying to promote the broader concept of the multi-professional, multi-agency work as well."[19]

37. RCN Wales highlight concerns about the language used to describe care delivered outside of hospitals. "Primary care" is the term most often used, yet this generally refers to services which are the first point of contact (such as GPs, pharmacists etc.). There is a danger, the RCN believes, that community nursing services (which are accessed via referral and not therefore a primary care service in the given sense) are becoming invisible to policy-makers and are undervalued.[20]

38. However, this view was not shared by health board representatives. Lesley Lewis, Cwm Taf Local Health Board, told us that primary care and community

[17] Written evidence, CDN

[18] Strategic Programme for Primary Care, November 2018

[19] RoP, 21 March 2019, paragraph 250

[20] Written evidence, CDN04

services are "integral, that they exist together and that district nurses are part of the primary care workforce".[21] She went on:

> "They are part of that core provision. So, whilst they've got a health and social care element, they've got a public health role around immunisation, they look after younger people, they support general practice around chronic condition management. (...) I think there is a voice for district nursing, and district nursing services and wider community nursing, but it doesn't have to be one or the other."[22]

39. Rhiannon Jones, Powys Teaching Health Board, agreed, saying:

> "I think that, maybe, the RCN are talking about when primary care clusters were coming into being through the strategy and the Welsh Government approach. I think the focus on primary care seemed to be GPs, and when you talk about primary care clusters, people were using the language interchangeably.
>
> Clusters are about multidisciplinary teams, and district nurses are a key part of those clusters, working in partnership with GPs and other bodies. So, I think that that might been the case probably three years ago, two years ago. I don't see that that's the position now, and clusters, particularly in Powys—and I've heard my colleagues talking about transformation—are about the whole team."[23]

40. Dr Andrew Goodall, Director General for Health and Social Services and Chief Executive of NHS Wales, agreed that while the term "primary care" is clearly a term that has been used over many years within the NHS and probably in the past more in relation to primary and community services, he was very clear that, from a Welsh Government perspective:

> "... it is an extended definition that extends out to the co-ordination of a range of different community nursing roles, whether they are specialists like learning disability, or whether it's the core district nursing role."[24]

[21] RoP, 21 March 2019, paragraph 206

[22] RoP, 21 March 2019, paragraph 206

[23] RoP, 21 March 2019, paragraphs 207-208

[24] RoP, 21 March 2019, paragraph 215

District Nursing Staffing Principles

41. The Welsh Government has said that it remains committed to extending the Nurse Staffing Levels (Wales) Act to additional settings, but that, for district nursing, an appropriate workforce planning tool (required by the Act to calculate the nurse staffing level needed) was not likely to be ready for some years.

42. Professor Jean White, Chief Nursing Officer, told us that although rigorous testing of the workforce planning tool was underway and additional funding had been provided to help speed up the process, the testing "will take as long as it takes (…) to make sure the tool is right". She said she was hopeful "in the next year or so that we'll have a tool".[25]

43. As an interim measure, the Welsh Government has agreed a set of guiding principles to support the planning of staffing levels within district nursing services[26]. The aim of the principles is "to guide health boards in shaping their district nursing services and ensuring they are aligned with primary care clusters".[27]

44. The Minister's evidence states:

> "Before [the guiding principles], 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."[28]

45. The principles have generally been welcomed as a positive move in supporting workforce planning for district nurse-led community teams. Lisa Turnbull, RCN Wales, told us that publication of the principles was "a very important step". She went to say that it would be "helpful to have some kind of published audit against those standards".[29]

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[25] RoP, 21 March 2019, paragraph 226

[26] Interim District Nurse Guiding Staffing Principles, September 2017

[27] Health, Social Care & Sport Committee, 21 March 2019, paper 5

[28] Health, Social Care & Sport Committee, 21 March 2019, paper 5

[29] RoP, 21 March 2019, paragraph 72

46. However, we also heard evidence that the principles do not capture a range of other community nursing roles, teams and services which contribute to the delivery of care in community settings but are less well defined (for example, rapid response, wound care and continence care).

47. On this point, Abertawe Bro Morgannwg Health Board said that the skills needed to support the shift of care from hospital to community settings are wider than the traditional district nursing qualification. It goes on to describe a "fragmentation" of community nursing services which can, on occasion, result in multiple nursing teams caring for a patient, and competing against each other for scarce resources.[30]

48. RCN Wales states that, while the principles recommend that community nursing teams in Wales are structured on a cluster basis, "it is not clear if this is always the case in practice". It goes on to say that there is tremendous variation in the extent to which community nursing teams are included in cluster discussions, and calls for greater support from the Welsh Government for the development of non-medical leadership in clusters to broaden their vision.[31]

49. Cardiff and Vale[32] and Abertawe Bro Morgannwg[33] University Health Boards both say that, while they are working towards better integrating district nursing teams and the wider community nursing workforce into cluster and IMTP development and planning, further work is needed in this area.

Neighbourhood district nursing pilot

50. 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 a 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; rural in Powys; and the valleys in Cwm Taf University Health Board.

51. Buurtzorg is a Dutch, nurse-led model of organising and providing community care. A 2015 RCN briefing[34] describes some of the Buurtzorg model's successes, including higher levels of patient satisfaction, significant reductions in

[30] Written evidence, CDN14

[31] Written evidence, CDN04

[32] Written evidence, CDN13

[33] Written evidence, CDN14

[34] RCN Briefing: The Buurtzorg Nederland (homecare provider) Model

the cost of care provision, and the development of a self-directed structure for nurses.

52. The Welsh Government has stated that the interim CNO staffing principles "are already driving district nursing teams towards practice that is analogous to the Buurtzorg model". It notes, however, that "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".[35]

53. It goes on to highlight the importance of adapting and developing the model specifically for the Welsh system, "rather than assuming that the Buurtzorg model can be applied wholesale to our NHS".[36]

54. The Welsh Government expects, by spring 2020, "an evaluation of the prototype teams within the pilots to illustrate how neighbourhood district nursing can be delivered across Wales".[37]

55. Evidence from Cwm Taf University Health Board, one the pilot areas, described its approach, which will focus on two Neighbourhood District Nursing Teams in North Cynon which will be an integral part of the enhanced multi-disciplinary Primary Care Team. It said that "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 and build on existing links with Local Authority partners in the delivery of social care". It went on to say:

> "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."[38]

56. Paul Labourne, Welsh Government, who is overseeing the Buurtzorg implementation, told us there is "some really good early learning" coming out of the pilots:

> "Towards the end of the second year, I'm hoping to get end-of-term reports, but I want to see how they have taken learning that has worked, and then rolled it out across their health boards, so we

[35] Health, Social Care & Sport Committee, 21 March 2019, paper 5

[36] Health, Social Care & Sport Committee, 21 March 2019, paper 5

[37] Health, Social Care & Sport Committee, 21 March 2019, paper 5

[38] Written evidence, CDN03

understand how we can scale it up so that, at the end of the reporting period, at the end of next year, we will be able to say, 'Well, this worked, and this is how we scaled it up to the rest of Wales'."[39]

Our view

57. Welsh Government's policy intention to bring health and social care together in a seamless way, with the needs of the person at the centre, is to be welcomed. However, in adopting this approach, Welsh Government must ensure that the role and value of community nursing is properly reflected in their future plans for service delivery.

58. The Welsh Government says it remains committed to extending the Nurse Staffing Levels (Wales) Act 2016 to additional settings, which would include district and community. It is, therefore, disappointing to hear that the development of an evidence-based workforce planning tool for use in the community is not likely to be ready for some years.

59. While we welcome the publication of the Chief Nursing Officer's guiding principles to support the planning of staffing levels within district nursing services, this is only an interim measure.

Recommendation 4. The Welsh Government must produce and publish a strategy for extending the Nurse Staffing Levels (Wales) Act 2016 to all settings, including community and district nursing services.

60. In relation to the Neighbourhood District Nursing pilots, whilst the evaluation of the pilots is due in Spring 2020, early evidence suggests that this model is having a positive impact for both staff and patients.

61. While we understand the importance of evaluating any pilot work, there is a view among stakeholders that greater value is placed on new initiatives than those that are proven to be successful. Therefore, it is important that, should the evaluation of the Neighbourhood District Nursing pilots demonstrate positive outcomes, subsequent roll-out across Wales should follow as quickly as possible.

Recommendation 5. Subject to a successful evaluation, the Welsh Government must ensure a rapid and co-ordinated roll-out of the Neighbourhood District Nursing model across all community nursing teams in Wales.

[39] RoP, 21 March 2019, paragraph 291

4. Data on community nursing services

62. An ageing population, along with expectations of greater access to treatment closer to home, is placing increasing demands on community and district nursing services. As such an accurate picture of the number of nurses currently working in the community is needed to plan for the future workforce.

63. Welsh Government figures[40] show a marked increase in the number of district nurses from 2017 to 2018. Figures published for 2018 show that there were 989 whole time equivalent (wte) district nurses in Wales; an increase from 827 district nurses in 2017.

64. The RCN Wales, however, believes these statistics are unreliable due to incorrect coding. According to the RCN, some health boards have incorrectly coded all nurses working in the community as district nurses, whereas the figures should relate only to those nurses with the district nursing specialist practice qualification.

65. It points out that outcome data on patients receiving care is not available, making it difficult to judge which models of care are most optimum from a patient perspective and from the perspective of efficiency with public money.

66. It further states:

> "RCN written"... 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 level 2. How HEIW will address this is a matter of some concern for the RCN."[41]

67. Health board representatives agreed that there was a need to be able to look at the acuity, intensity and complexity of calls. Lesley Lewis, Cwm Taf Local Health Board, told us:

> "... currently, we don't have a good overview of the acuity of our patient group. So, the data we collect is very much around disease specific and numbers within our own health board, but that does not give you the level of detail you require around, first of all, skill mix, and also around

[40] StatsWales: Nursing, midwifery and health visiting staff, by grade and area of work

[41] Written evidence, CDN04

> the length of time you need to spend with that patient within their home environment."[42]

68. We also heard there is a lack of data in relation to people receiving palliative or end of life care. According to Hospice UK, this includes data on the number of people with palliative and end of life care needs who have been cared for by community nursing services:

> "This is because data at a national level is held on the total number of people who receive specialist palliative care (...) and separate data on the total number of people who are known to their GP as needing palliative care (as recorded on the GP palliative care register) (...) but it is not possible to cross reference these at an individual level to understand the patient journey.
>
> Without greater clarity on who is being cared for, where, and by whom, it is impossible to accurately determine the level of unmet need for palliative care more widely in Wales or to quantify the real, and the potential need for input, from community nursing services to meet every person's need for community palliative care."[43]

69. The Welsh Government acknowledges the data quality issues, and states that 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.

70. Dr Andrew Goodall, Director General for Health and Social Services and Chief Executive of NHS Wales, acknowledged there were limitations in some of the data and said that work was ongoing to address that. However, while he believed that the overall numbers for community nursing were accurate:

> "... it does mean that some of the numbers associated with district nurses, particularly those directly with a qualification, is more limited and potentially inaccurate from some organisations' submissions in Wales."[44]

71. He went on to say that he expected health boards' Integrated Medium Term Plans (IMTPs) to be clear on the service needs of their population and how they translate those into plans in all settings, whether hospital, GP practice or the

[42] RoP, 21 March 2019, paragraph 105

[43] Written evidence, CDN01

[44] RoP, 21 March 2019, paragraph 223

community environment. He added that while that is maturing and getting better, there is some further progress required.

Our view

72. While official figures seem to show a significant increase in the number of nurses working in the community, we were concerned to hear that the reliability of this information has been questioned due to the definitions being applied by health boards. We note the Welsh Government's acknowledgment of issues with the quality of the data and that they are working with health boards to improve its accuracy.

73. However, what is more concerning is that detailed patient information, i.e. the number of patients receiving or requiring care and the extent of their need, is not collected at a national level. An in-depth understanding of the patient population and the specific needs of those patients is essential to develop robust plans to ensure the future workforce is sufficient in number and skills to meet those needs.

> **Recommendation 6.** The Welsh Government must ensure that there is an accurate and detailed picture of the current community nursing workforce across Wales. This must include detailed information about patient numbers and needs to inform strategic workforce and service planning.

5. Workforce

Capacity

74. Key to the future delivery of healthcare in community settings will be a sustainable supply of nursing staff. The Welsh Government has a role in strategically co-ordinating this at a national level and the establishment of Health Education and Improvement Wales (HEIW) in October 2018 is expected to improve this strategic workforce planning.

75. Dr Andrew Goodall, Director General for Health and Social Services and Chief Executive of NHS Wales, told us:

> "I do think that the establishment of HEIW, which occurred last year, helps us to really bring together all of the different strands of our workforce in a different way and to make sure that there is national oversight of better workforce planning across all settings, which will include the community side."[45]

76. Written evidence from local health boards suggests that a clear understanding of the district nursing workforce is also emerging through the District Nursing Staffing Principles (see paragraph 43). Lesley Lewis, Cwm Taf Local Health Board, told us that she believes they have a robust district nursing service within her board and they track demand and capacity on a monthly basis.[46]

77. However, evidence from other stakeholders, including nurses working in the community, presents a different picture.

78. Macmillan Cancer Support states:

> "Staff numbers need to increase, and a different skill mix is required to deliver seamless high quality care to the people of Wales. To ensure this workforce can deliver the best possible seamless healthcare strategic workforce planning and recruitment that reflects the complex interplay between skill mix, specialist training and targeted investment is required."[47]

[45] RoP, 21 March 2019, paragraph 223

[46] RoP, 21 March 2019, paragraph 105

[47] Written evidence, CDN11

79. Hospice UK told us that feedback they were receiving from hospice teams working alongside community and district nursing services reports that the service is over-stretched and under-resourced, meaning that district nurses can find it difficult to attend multidisciplinary team meetings to discuss palliative care patient caseloads.

80. It further notes that hospice services likewise report that resource management in the organisation of district nursing teams has seen the service move from a culture of "calling in" on patients on the caseload to a more task-based approach. This means that if there is no specific task to be undertaken, e.g. administering medication through a syringe driver, then a person may have no contact with their district nurse or healthcare staff and could go a significant period without hands on care.[48]

81. Lisa Turnbull, RCN Wales, told us:

> "In terms of the capacity issue, there are a couple of problems really: the basic capacity to meet the caseload and to deliver the best care; then you have things like the supervision, the education (…).
>
> (…) we know that the most senior nurses spend a great deal of their time, (…) for example, on things like managing the assessment procedure between health and social care, so managing all of the different eligibility criteria for clients' continuing healthcare. So we know from our members that that's taking up a huge chunk of their working lives, and they view that as a bit of a frustration because they actually want to be delivering care as opposed to negotiating that system."[49]

82. Professor Jean White, Chief Nursing Officer, said that she viewed district nursing as the core physical care service within a community setting:

> "… in recent years, we've been investing a lot of time and energy in looking at the workforce within that area and looking to help support the ways that district nursing teams are currently working.
>
> We've increased the number of training places, both flexible and full-time training places, very significantly in recent years. You'll see in the paper [HSCS Committee, 21 March, Paper 5] I quote 233 per cent. That's quite a lot of extra places in recent years. So, our commitment is to say

[48] Written evidence, CDN01

[49] RoP, 21 March 2019, paragraph 36

> they are the core service, but we have put money behind that and increased the training to support that going forward."[50]

83. She went on to say that adult nurse training places in pre-registration had increased quite considerably, so there would be more nurses available to enter the workforce, and one of the changes being brought in with the new pre-registration nursing standards is to make sure that they are prepared to work straight away in the community rather than having to work in hospital first.[51]

Recruitment and retention

84. Evidence from the Board of Community Councils (CHCs) highlights a report by the Queen's Nursing Institute (QNI) which contains information on enrolment for the District Nurse qualification. The report finds that in recent years, enrolment levels across the UK has been steadily falling, and the QNI warns that, given the numbers who retire from the service annually, "this will represent a major challenge to current and future recruitment efforts to district nursing teams".

85. The Board of CHCs goes on to say:

> "... while there is a drive to move care into the community, there is a clear risk of fewer district nurses. This is particularly concerning at a time when NHS Wales has an ambition of having care closer to home, rather than in hospital settings. It will be extremely difficult to achieve this unless there are sufficient qualified nurses to manage it."[52]

86. Rhiannon Jones, Powys Teaching Health Board, told us that in Powys they have a relatively low turnover within district nursing and when they do advertise posts, mainly as a result of retirement, they do not struggle to recruit. She did however, acknowledge an issue in the coming years because of the maturity of the current workforce, but said that they were planning for that and working closely with HEIW.[53]

87. Lesley Lewis and Jo Webber confirmed similar positions in Cwm Taf and Aneurin Bevan Local Health Boards.

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[50] RoP, 21 March 2019, paragraphs 217-218

[51] RoP, 21 March 2019, paragraph 221

[52] Written evidence, CDN16

[53] RoP, 21 March 2019, paragraph 120

88. However, a number of nurses working in the community talked about nurses leaving and difficulties in recruiting replacements, particularly at bands 5[54] and 6[55]:

> "We have a part time band 7[56] lead with an SPQ [Special Practitioner Qualification]. And a vacancy for a band 6 that has been empty for a year. The vacancy can't be filled as the band 8 won't hire anyone without an SPQ- she also won't allow anyone to be released to complete the SPQ. I see leaders halting the progression of staff in order to cut costs and keep band 5 numbers sufficient."[57]

Skill mix

89. The District Nursing Staffing Principles state that each district nursing team or unit should have a clinical lead District Nurse with a NMC recordable qualification (SPQ) or a post registration community nursing degree and leadership training. At least 20% of their time should be spent on case management and at least 20% of their time undertaking supervisory activities, aiming towards a full time supernumerary role as the needs of the team or unit dictate. There should be at least one deputy team leader District Nurse with a recordable qualification (SPQ) or a post registration community nursing degree and leadership training case manager within each district nursing team.

90. However, evidence we received from nurses working in the community highlight particular issues at a senior level:

- "We have a skill mix of nurses and health care support workers but we do not have enough of experienced senior nurses qualified in district nursing."
- "Senior Nurses are being reduced & teams are merging. Teams are then covering larger areas & run by less senior staff. Staff nurses at Band 5 are expected to cover in the senior band 6 or 7 in their absence plus do their own work of clinical skills. HCA are restricted due to skills, extending their role would be helpful."
- "There are not enough experienced Band 5 nurses in the teams. The teams are presently too large. To help the district nursing teams I feel

[54] This is the initial grade of a qualified nurse

[55] These are more experienced nurses, most likely to be senior staff nurses

[56] This grade has control of the budget and is responsible for local management.

[57] Written evidence, AI04

> that it would be beneficial to have smaller teams e.g. 1 x Band 7, 3 x Band 6, 8 x Band 5, 2 x HCSW and 1 x phlebotomist."

91. Hospice UK suggests that as a result of limited resources, greater proportions of community nursing teams are comprised of Health Care Support Workers (HCSWs) as opposed to registered nurses. It says that while this is an appropriate way to reach greater numbers of people within budget, it can have implications for the provision of hands-on palliative care:

> "For example, across Cardiff and Vale University Health Board the hospice at home service is primarily comprised of HCSWs, who are able to provide personal care for people at the end of life but are not able to administer medications, such as for pain relief and symptom control."[58]

92. RCN Wales highlighted the valuable role of HCSWs in the community nursing workforce and the need to ensure they have access to CPD and are properly rewarded in their work, but went on to say:

> "… that doesn't negate the need for more of the very highly skilled levels at band 6, 7 and 8, who are the people that provide, then, the education, the supervision and the quality of care."[59]

93. Access to professional development and a clear career pathway is essential across the entire community and district nursing workforce. Evidence from the Council of Deans of Health Wales states:

> "Across some regions, district nursing managers are reiterating to our members the challenge of balancing complex care needs in the community with opportunities for staff development. This is particularly difficult due to current staffing vacancies and because some experienced level 6 and 7 district nurses are opting for early retirement."[60]

94. Abertawe Bro Morgannwg UHB also highlight difficulties in being able to support the required number of District Nursing SPQ students "due to inability to backfill permanently"[61].

[58] Written evidence, CDN01

[59] RoP, 21 March 2019, paragraph 45

[60] Written evidence, CDN15

[61] Written evidence, CDN14

95. HEIW commission post-graduate education for a broad range of clinicians, which includes a ring-fenced budget for staff working in community and primary care settings. Its written evidence states that this funding supports nurses and other professionals to access education to develop advanced or extended knowledge and skills that can support and enhance the services delivered by community nursing services.[62]

96. Professor Jean White, Chief Nursing Officer, said there was a need to make jobs in the community attractive to encourage people to go into, and stay working in, the community. She told us:

> "I think more so we need to start thinking about what the career pathways are that keep them in the community, because in the past it used to be you'd be a community staff nurse, then you'd become a district nurse and team leader, and that was kind of it—there was nowhere else to go. So, in recent years, we've been investing in advanced practice, so that's a higher level of skills so the nurses are able to diagnose and prescribe, actually run their own clinics."[63]

97. Dr Andrew Goodall agreed:

> "I think that our approach on this has to bring some energy and excitement about the high expectations for community services. I think that's kind of the vision were trying to grab with 'A Healthier Wales'—you know, community services should be seen to be where it's at in some respects beyond the traditional acute experience. I think we can handle the development of roles and offer that."[64]

98. The District Nursing Staffing Principles also state that each team should have access to at least 15 hours administration support per week. However, evidence we received from nurses working in the community suggests that this is not the experience of many teams:

- "I feel as a team we would benefit from having an administrative role where by they deal with our photocopying, archiving, discharging, referrals, post, arranging work lunches, team meetings, handovers, arranging daily lists for staff members to allocate in order to free up our time to spend where it's needed such as patient care, documentation,

[62] Written evidence, CDN 06

[63] RoP, 21 March 2019, paragraph 255

[64] RoP, 21 March 2019, paragraph 257

training, e learning, shadowing, MDT's, attending meetings and delivering care in the community."

- "Unfortunately we do not have any administrative support and I find that I have to do a lot of this especially when preparing for our weekly Community Resource Team Meeting."
- "Our team had a few hours of administrative support but the appointed person also had 2 other jobs and was only able to minute team meetings and the virtual ward/unit meetings. All other administrative tasks had to be done by members of the team."

99. Professor Jean White, Chief Nursing Officer, acknowledged there had been challenges in the past in ensuring district nursing teams had access to appropriate administrative support, and advised that:

> "(...) the principles we set out have also insisted that they are given administrative support, and that's what we're driving at the moment, to help them be released to do the things only they can do, rather than some of the other things."[65]

Staff morale

100. According to the RCN, it 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.[66]

101. Lisa Turnbull told us:

> "Morale is quite low, I think, particularly at the senior levels, in community nursing because of the tremendous pressure they've been under and feel that they've been under for a long time, and also this feeling, as I say, of being invisible to the wider service."[67]

102. This was supported by statements we received from nurses working in the community, which included:

[65] RoP, 21 March 2019, paragraph 219

[66] Written evidence, CDN04

[67] RoP, 21 March 2019, paragraph 36

- "I left district nursing after 18 years as I could not cope any longer with the stress. The job workload increased more demand on paper work and under staffed and patients could not have the care they deserved."
- "Nurses and HCAs are currently seeing approximately 10 patients a day and are struggling to keep up to date with the paperwork that comes with visits. We also have extra same day calls that come in via the hub (approx 2/day) that we need to see in the afternoon. All staff are struggling with the work load and staff moral [*sic*] is low."
- "The past five years has seen diminishing resources in front line services. Nurses leaving and recruitment issues. We do not always look after our staff very well, we expect more and more from them."

103. Rhiannon Jones, Powys Teaching Health Board, however, felt this was not an accurate reflection of the situation in Powys:

> "I wouldn't want to say it's not a fair assessment by the RCN because I'm not sure where they've got the information from, but what I can say, as a result of the national staff survey, is our results in Powys were incredibly positive.
>
> I think you have to take the other indicators: low turnover, low sickness, high compliance to mandatory and statutory training, PADR rates, patient satisfaction. So, I think you just need to look at all factors. As a director of nursing in Powys, it doesn't feel that there's low morale in district nursing for my patch."[68]

104. Professor Jean White, Chief Nursing Officer, confirmed that there is a commitment from the whole of NHS Wales to make sure it looks after its most important resource, which is its staff:

> "'A Healthier Wales' has a specific aim that refers directly to staff and making sure we recognise that their well-being is really important. And there is a programme—a health and well-being programme—that is running this year, which is going to look more and more at that."[69]

[68] RoP, 21 March 2019, paragraph 139

[69] RoP, 21 March 2019, paragraph 262

Access to 24 hour services

105. As with any other aspect of nursing, district nursing is a 24/7 service. However, evidence from RCN Wales suggests that some areas are struggling to provide the care that people need outside of normal working hours, leading to "a bit of a postcode randomness to what you can expect". RCN Wales told us:

> "It's not just about the workforce that's available, although that's really important; it's about the nature of the workforce that's available. So, have you got the really good, highly skilled people available at those times, who can actually deal with the situation rather than refer it or move it on. So, absolutely, yes. That's a particular issue."[70]

106. Linked to this is co-ordination with other services, which the RCN Wales believes to be a significant area that needs addressing, along with the need to improve the referral process to other agencies:

> "GPs, Paramedics, occupational therapists and social workers are all involved with providing care. Multidisciplinary teams which work effectively together provide the best care – but multiple professionals providing different layers of assessment and referral to each other and avoiding action is the worst possible outcome for the patient and wastes public money and precious service time."[71]

107. Lisa Turnbull told us that, while co-ordination between professionals is a significant issue, of greater importance is the need to change the mindset around normal working hours and out of hours:

> "… people are people and they will have their needs all the time. So, in terms of that strategic vision that we're looking to be developed, those links between the services need to be robust at all times. (…) They can't be, 'Well, this is how it works Monday to Friday, nine to five, and then, out of hours, we have a totally different system'."[72]

108. Dr Andrew Goodall, Director General for Health and Social Services and Chief Executive of NHS Wales, told us that the challenge was to ensure that as much as possible was anticipated, so it was not all about crisis interventions that occur out of hours. However, he acknowledged that there will always be crisis points so

[70] RoP, 21 March 2019, paragraph 87-88

[71] Additional information from Royal College of Nursing, 23 April 2019

[72] RoP, 21 March 2019, paragraph 90

there needs to be consistency around out-of-hours provision across Wales. On this point, he stated:

> "We're trying to focus on that through our 111 services approach, as we roll that out across Wales. I think that will allow the security of at least a triage mechanism that works consistently, so that people can always access those sorts of mechanisms."

Our view

109. It was concerning to hear such conflicting views regarding staff morale. The RCN and nurses working in the community say morale is low and, in some cases nurses are leaving the service as a result of stress and increased workload. This was not a picture the health board representatives we spoke to recognised in their areas.

110. We note that these health boards are all part of the Neighbourhood District Nursing pilots and, while it may be that these are having a positive impact on morale in their respective areas, this alone cannot account for such a variance in views.

111. Ultimately, the health and wellbeing of its staff is a matter for NHS Wales and, as such, we draw their attention to the evidence we have received from the RCN and nurses working in the field about low morale in the community nursing service.

112. We understand there are concerns within the sector that in addition to low morale, experienced staff are likely to be lost due to a maturing workforce. Future work plans therefore need to ensure that community nursing teams comprise an adequate number of staff and that these staff are sufficiently senior and appropriately skilled. Enabling existing nursing staff to access further training opportunities, including the district nursing specialist qualification, will help with this, as well as ensuring a clearer career pathway for community nursing staff.

Recommendation 7. The Welsh Government must work with HEIW and health boards to enable existing nursing staff to access further training opportunities, including the district nursing specialist qualification.

Recommendation 8. The Welsh Government, working with HEIW and Health Boards, must take steps to ensure that community nursing is promoted as an attractive career, including by ensuring greater exposure to community nursing placements during nurse training.

6. ICT infrastructure and technology

113. Probably the single biggest issue raised by nurses working in the community as part of this inquiry is their inability to access the most appropriate technology to enable them to do their job effectively.

114. "A Healthier Wales" gives a commitment to accelerating the roll out of the Welsh Community Care Information System (WCCIS) across the country.

115. According to the Welsh Government:

> "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."[73]

116. 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.

117. Evidence from RCN Wales reports that there are three information systems being used by their members:

- WCCIS and PARIS in Cardiff and Vale UHB;
- Malinko in Cwm Taf UHB (as part of the Neighbourhood Nursing pilot).

118. It further states that when asked for their experiences of IT support, half of the District and Community Nurses who responded reported using a variety of equipment such as laptops and blackberry but the other half reported no access to a mobile device. They also reported that many employer-provided mobile phones had no software access to office calendar or e-mails.[74]

[73] Health, Social Care & Sport Committee, 21 March 2019, paper 5

[74] Additional information from Royal College of Nursing, 23 April 2019

119. This corresponds with evidence submitted to us directly by nurses working in the community. Of the 17 who responded, 14 of those reported difficulties with IT. Their comments are attached opposite.

120. The lack of appropriate technology is not only an issue for those working in the community, but also for patients trying to get in touch with them. According to the Older People's Commissioner for Wales:

> "... a small number of older people have contacted my office raising the difficulties they have had in contacting their community and district nursing service. For example, individuals have wanted to change/rearrange appointments, raise concerns about their conditions or seek advice on treatments but have been consistently unable to contact their nurse.
>
> By the nature of their roles, I understand that community and district nurses will spend little time in the office - yet the contact number that older people were provided with was an office based answerphone system. This not only caused stress and anxiety, but also creates the risk that these individuals will need to subsequently access unscheduled care services."[75]

121. As previously stated, Cwm Taf UHB has purchased Malinko software, as part of the Neighbourhood Nursing pilot. Lesley Lewis told us that, even though the software had only been in use since November, benefits for staff and patients were already being seen. She went onto say that one of the criticisms of previous IT systems was that they had not been clinically led. However, this system had been:

> "... led by the team and by our senior nurse and that, for me, is one of the benefits that the Welsh community care information system does not provide, because it doesn't provide a scheduling system for your caseload, and it doesn't allocate the calls based on your skill set, which is really important."[76]

[75] Written evidence, CDN12

[76] RoP, 21 March 2019, paragraph 178

What nurses working in the community told us:

> All staff have mobile phones. Some staff have netbooks, about 50% in my team, however these are slow, batteries do not last long and are heavy to take into patients homes with all other equipment. We have 1 x camera per team to take photos of wounds, however photos are rarely taken as it is difficult to co-ordinate who takes the photos and when. Paper community drug charts and paper referrals are time consuming in the community. We would benefit from electronic drug charts which can be emailed via NHS email account straight to a hand held device, send electronic referrals whilst with the patient and take photos of wounds on an electronic device.

> Most of the team have blackberry's, years old, that don't work sufficiently. The office only has 2 desktop computers for the whole team to share. Laptops were provided but we were expected to tether them to an unreliable blackberry to get internet access using a complicated method involving many numerical codes. We have no computerised system for documentation- it's all paper.

> We have mobile phones without access to diary or email though colleagues in local authority have both and a functioning electronic system for health records.

> More user friendly mobile devices would have a positive impact as we attend calls without any prior knowledge of risks to patient or staff.

> We have very little IT to support integration and CRT working. District Nurses are on paper; some therapy staff are on therapy manager; social care colleagues on WCCIS.

122. Paul Labourne, Welsh Government, confirmed:

> "The scheduling software [Malinko] enables better use of nurses' time during the day, it helps route them. On average, it's saving them something like 14 miles a day, which has given them the time not only to have breaks, but to have a meeting during the middle of the day—they call it the huddle. It is something to behold, because you actually see them using technology when they do it, and I'm used to seeing district nurses carrying diaries, so it has been a cultural change for them, and it means they're getting home on time, so their well-being has improved."[77]

123. In relation to WCCIS, the Welsh Government's written evidence states:

> "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."[78]

124. However, when asked about its implementation in Powys Teaching Health Board, Rhiannon Jones said:

> "Powys is the first health board to actually implement it; it's in local authority areas elsewhere. I think some of the challenge has been around the functionality of WCCIS, and the fact that we've implemented it, particularly in district nursing teams, but we still haven't got the mobile function. So, it can go to the patient's home, we're inputting, but it's back at base, so we haven't got those mobile devices as yet."

[77] RoP, 21 March 2019, paragraph 287

[78] Health, Social Care & Sport Committee, 21 March 2019, paper 5

125. She went on to say that WCCIS was resource intensive and that those resources had not necessarily been applied to its implementation, so there were still bugs in the system. She agreed with the vision for an integrated community care information system and said she thought the Malinko software seemed more aligned to what is needed in district nursing teams.

126. In terms of timescale for the rollout of WCCIS, Dr Andrew Goodall told us:

> "I'd like to see this rolling out more quickly. At the moment, for those organisations already signed up, including the additional local authorities, we would be seeing all of those have got to their end point of implementation by probably around April 2021, although that could go into 2022."[79]

Our view

127. One of the clearest messages that came through in this inquiry was the frustration of those working in the community at not having access to the appropriate technology to enable them to do their jobs effectively.

128. It is unacceptable that nurses working in the community have limited access to patient information, appointments or e-mails via handheld devices and are instead reliant on paper-based systems and out-dated technology.

Recommendation 9. The Welsh Government must work with Health Boards to ensure proper investment in appropriate technology for Community Nursing. The use of hand-held mobile devices with instant access to patient information, appointments and e-mails should be standard across Wales.

129. We welcome the Welsh Government's commitment to accelerate the roll out of the Welsh Community Care Information System (WCCIS) across Wales. However, we have heard from stakeholders that WCCIS does not necessarily address all the issues or support the way in which nurses in the community want to work, particularly in relation to mobile devices.

130. It would appear that the scheduling software being trialled in Cwm Taf UHB is producing tangible benefits for staff and patients, and seems more closely aligned to what is needed in community nursing. We therefore believe the Welsh Government should undertake an evaluation of the impact of that software with a

[79] RoP, 21 March 2019, paragraph 295

view to making it more widely available to community nursing teams across Wales.

Recommendation 10. The evaluation of the Neighbourhood District Nursing pilots must include an assessment of the impact on patients and staff of the scheduling software being trialled in Cwm Taf Morgannwg University Health Board. Subject to a positive outcome, the Welsh Government must require and fund Health Boards to provide scheduling software to community nursing teams across Wales.