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23rd April 2019

Helen Whyley, RN, MA
Director, RCN Wales

Dr Dai Lloyd AM (Chair)
Health, Social Care and Sport Committee
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Dear Dr Lloyd

Thank you for the opportunity for the Royal College of Nursing to give evidence to the Inquiry into Community and District Nursing on March 21st 2019.

RCN Wales has been asked by the Committee to provide additional evidence and we submit this below.

Additional Information on ICT Infrastructure, Documentation and Technology

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

The three information systems our members have reported using are WCCIS and PARIS in Cardiff & Vale. We are aware that Cwm Taf UHB has recently purchased MALINKO as part of its Neighbourhood Nursing (Buurtzorg) pilot.

Continued

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Mae'r RCN yn cynrychioli nyrsys a nyrsio, gan hyrwyddo rhagoriaeth mewn arfer a llunio polisiau iechyd

The RCN represents nurses and nursing, promotes excellence in practice and shapes health policies

Mae'r Coleg Nyrso Brenhinol yn Goleg Brenhinol a sefydlwyd drwy Siarter Frenhinol ac Undeb Llafur Cofrestr Arbennig a sefydlwyd o dan Ddeddf Undebau Llafur a Chysylltiadau Llafur (Cydgrynhoi) 1992. The RCN is a Royal College set up by Royal Charter and a Special Register Trade Union established under the Trade Union and Labour Relations (Consolidation) Act 1992.



**INVESTORS | BUDDSODDWR
IN PEOPLE | MEWN POBL**

We asked our members who are District Nurse and Community nurses for their experiences of IT support. Half of our respondents reported using a variety of equipment such as laptops and blackberry but the other half reported that no access to a mobile device. Many employer-provided mobile phones had no software access to office calendar or e-mails.

Many members described their ideal handheld device to us in similar terms mentioning a reasonable battery life with software allowing access to the office calendar and e-mail and also allowing electronic referrals. The ability to take good quality photographs (for wound care) was also very important. Separate cameras were cumbersome to carry and required additional training.

Quotes from RCN members:

“As manager of team of ten nurses I spend a lot of time completing forms on the computer for e-rostering and ESR, but I not had much help in training for these systems. There is also very poor IT support – it is often not available when needed. I have real difficulty in accessing help –they don’t understand my problem and I don’t understand what they are telling me as I have had no help with computer skills only what I have taught myself. We have had no protected time for IT training.”

“We now have a new system to record the caseload. This takes up to 2 hours per day to keep updated. It is expected for each nurse to update daily – but how is this possible with only one computer per 10 nurses?”

“All my staff complete e-learning at home as we do not have time in work also the system is not always accessible. I make sure they get the time back. We do not have protected time for study!”

All respondents reported a need for increased administrative support. Some were sharing administration across teams and some had no administrative support at all.

All respondents were currently using paper based documentation systems particular for referrals. Referrals were commonly done by phone and backed up with hard copy post.

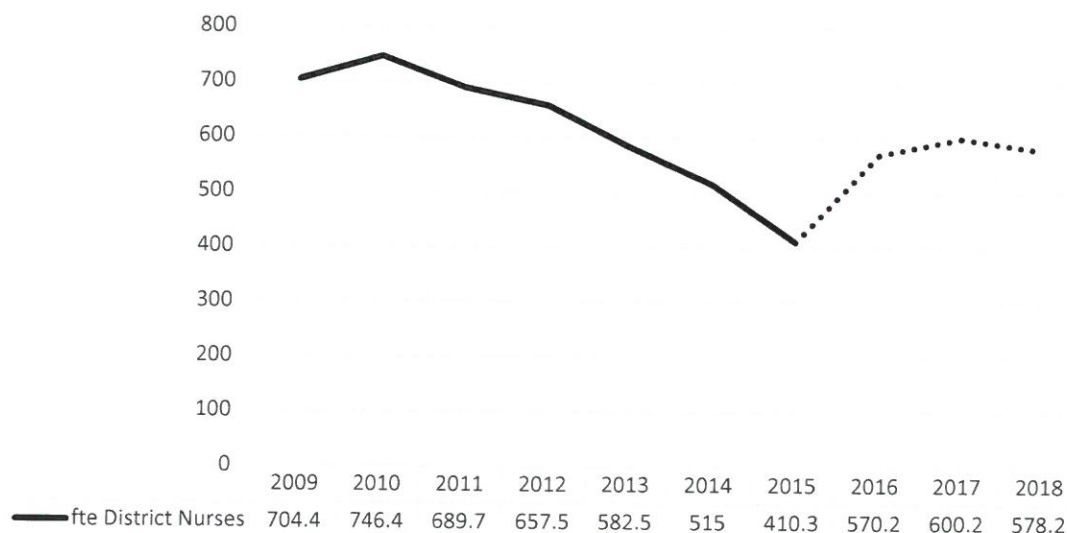
“The new documentation for patients is booklets which take over 2 hours to complete with the patient. Documentation is important but management have not factored this in when you can have four new patients daily...”

Additional Information on District Nurse Numbers

On page. 12 of our original evidence we supplied the Committee with a graph based on information from Statistics Wales showing the number of District Nurses in Wales.

A new statistical release¹ was published by Statistics Wales on 31st March 2019 and we therefore provide the updated table below.

Updated table of Health Board reported "District Nurses"
(Statistics Wales April 2019)



In our evidence we highlighted the unreliability of the Health Board data from 2015 onwards with Health Boards incorrectly identifying registered nurses working in the community as District Nurses.

In the new release Statistics Wales confirms the occurrence of this poor practice and highlights the unreliability of the data.

However, the new release from Statistics Wales also helpfully provides the number of registered nurses with SPQ District Nursing qualifications in Wales which is 798 at 30 September 2018. The number of these working as District Nurses is stated as **338**.

We summarise this information for the Committee below.

¹ <https://gov.wales/staff-directly-employed-nhs-30-september-2018>

District Nurse Numbers by Health Board

	District Nurse Numbers as reported by Health Board	District Nurse Numbers as identified by NMC SPQ
Powys	37	30
Aneurin Bevan	91	35
Cardiff and Vale	223	36
Hywel Dda	68	42
Cwm Taf	68	49
Abertawe Bro Morgannwg	74	65
Betsi Cadwaladr	105	81
TOTAL	666	338

We identified in our original evidence that at a national level information on case load of District Nurse was not available nor information on patient acuity or outcome. We believe publishing this information would help with improved workforce planning and scrutiny of service delivery.

Also helpful would be for national published information to distinguish between the registered nurses working in the community, registered nurses with a community nursing degree and registered nurses in possession of an SPQ.

The Statistic Wales release also reveals that that three “District Nurses” in Wales are banded below Agenda for Change 6. The Royal College of Nursing is deeply concerned by this information as this banding is incompatible with the responsibilities of the role and is clearly in consistent with the national approach. The RCN will be writing separately to the Chief Executive of NHS Wales on this matter.

Additional evidence on joint working and the need to improve the referral process to other agencies

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

In our original evidence we called for a renewed vision of community nursing seating it in the context of policy developments such as the primary care strategy and the greater integration of health and social care called for by *A Healthier Wales*.

A significant area that also needs addressing is joint working and the need to improve the referral process to other agencies. This improvement needs to address the speed of the referral but also to be clear about **the difference between assessment and action**.

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.

This is a consistent message we have received from our members from across Wales.

“Patient 92 years old living with wife. Patient has dementia. Fallen Friday. Fallen Sat. Paramedics visited did all the observations. Patient deemed safe to stay at home. Message to GP on Monday please review patient. Patient had fallen 4 x on Monday. Patient reviewed Tuesday - bloods by GP and DN visited. When the DN visited after GP found patient half falling off chair with wife trying to support him. Wife had been trying to ring family to help but nobody answering. Wife crying constantly. Wife just managing. DN phoned GP and was told to ring 999 to get patient admitted. Social Services contacted but unable to provide anything and placed on system to be allocated. My question is why did the paramedics not fully assess the situation on Saturday and check if wife managing? Everything comes back to GP and DN, why can other professionals not refer to SS? and why they cannot be working at weekends?”

“I went to a patient in a wheelchair who had been rehoused that day. I was visiting to check medication on discharge and skin care. She informed me that she could not use the toilet on transfer from her wheelchair as it was too low. I asked her who had visited that day – She said many staff from SS including an Occupational Therapist had visited that day. I went to our stores to collect raised toilet seat and assessed her doing the transfers safely. When I checked next day to confirm who had visited I was told that they had put a request for the equipment to be delivered the following week. I asked why they did not go to our local stores to collect equipment but no answer.”

“Patient 70 years old with Parkinson’s able to mobilise slowly. We have a Reablement team who visited this patient while her husband (her main carer) went to hospital for heart operation. She was unable to get out of bed one day herself as they are there to “enable” so they left her in bed. She became incontinent and dehydrated due to lack of fluids, She had urine infection and was admitted to hospital... .. if SS had had appropriate care in place initially and patient had been assisted to get out of bed she would have been able to get to the toilet unaided and able to drink throughout the day - then this crisis would not have happened.”

“There is long delay in providing equipment to patients following discharge from hospital. Patient discharged in Oct 18Agreed to come home into profiling bed and await assessment by OT for hoist and riser recliner chair at home.

Patient has been bedbound now till March when OT visited. Still waiting for equipment!

"Patient also having benefits reduced- many with PIP reduced... There is the added problem of how they complete the forms and can be one of the reasons they lose their money. Patient do not challenge within the time frame! Patient are assessed by a stranger to their home and are too embarrassed to tell them about their personal problems. I had a patient who did not report to the assessor that she had help from her 10-year-old daughter to clean her bottom as she had spina bifida, in a wheelchair and could not reach her bottom. She was able to tell me this as a nurse but not a stranger who had come to assess her at home."

"Patients unwell get admitted to hospital and discharged within 24 hours only to return again within 24 hours as problems not solved. I can go to the hospital and explain the problems but they still send them home. Hardly any discharge planning is done now even patients that are months in hospital get sent home without continence assessment"

"There is a delay in TWOC when men have catheters inserted. Previously we took catheters out within 2/3 weeks and patient bladder scanned. Patients now are to be referred to urologists and can have catheter in situ for up to 3/4 months with risks of sepsis and incontinence following removal. This is very poor service for men."

District and Community Nursing Morale

In our oral evidence on the 21st March the Royal College gave the view that our members were feeling under pressure and undervalued. This does not detract from the superb practice shown by our health care professionals. The award winning stories provided in our original evidence demonstrate this.

However as both a professional body and a trade union it is appropriate that the Royal College of Nursing calls for poor morale to be addressed by the Welsh Government and NHS Wales. Positive morale ensures sustainable recruitment and retention and demonstrable recognition from management ensure that the values of the service is fully understood and deployed effectively to ensure the best patient care possible.

"You may think from all this moaning that I do not enjoy my job but I do love the challenge that confronts me each day. It just can be exhausting when we do not have back up from managers who constantly are concerned about overtime. Staff provide excellent care but it cannot be provided in 7.5 hours due to the number of patient and complexity on the caseload... Staff do not get paid but get TIL [Time in Lieu] We feel undervalued".

Addressing this issue will help fulfil the Quadruple Aim of the Parliamentary review:

- a. improve population health and wellbeing through a focus on prevention;
- b. improve the experience and quality of care for individuals and families;
- c. enrich the wellbeing, capability and engagement of the health and social care workforce; and
- d. increase the value achieved from funding of health and care through improvement, innovation, use of best practice, and eliminating waste.

I hope this additional evidence is of use to the Committee in planning its report. Once again I would like to express my gratitude to the Committee for taking the time to examine the important topic of community nursing as part of an exceptional full policy agenda.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Helen Whyley', written in a cursive style.

**HELEN WHYLEY, RN, MA
DIRECTOR, RCN WALES**