



Our ref: JW/PL

29th September 2017

Chief Executives Health Boards
Nurse Directors Health Boards
Primary Care Directors Health Boards
Directors of Workforce and Organisational Development

Dear Colleagues

Re: Interim District Nurse Guiding Staffing Principles

District nurse led community nursing services form an important part of the multidisciplinary primary care team and provides the bedrock for the core universal element of adult community nursing care. The district nurse led community nursing services work alongside more specialist nursing provision and other community based health and social care services, which taken as a whole helps ensure NHS Wales delivers person-centred services at or close to where people live. As our expectations grow to deliver more primary based care coupled with the demands posed by an ageing population, ensuring we have the right district nurse led community nursing workforce, with an appropriate skill mix, is essential.

There is much work to be done to develop and shape district nursing services within and in line with cluster development. To date there has been no guidance on what factors should be taken into account in planning district nurse led community nursing services, which has led to variation of approach. To address this shortfall in guidance, the refreshed 2017 Primary Care Workforce Action Plan and the interim guidance described in this letter are designed to support an NHS Wales approach to develop primary and community based care in future.

Should the Welsh Government be minded to extend the Nurse Staffing Levels (Wales) Act 2016 to community based nursing services there are two main factors to consider. Firstly the readiness of an evidence-based workforce planning tool in a Welsh context, and secondly the feasibility (in terms of cost and workforce readiness) of maintaining the calculated required nurse staffing level.

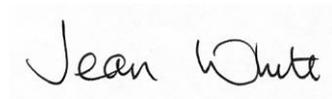
Through the work of the All Wales Nurse Staffing Group and its sub group the All Wales District Nursing Workload and Workforce Calculation Tool Working Group it is apparent that there will not be a sufficiently robust and evidenced based workforce calculation tool and appropriate patient sensitive indicators for district nursing services for some years.

As an interim measure and to support health boards in readiness for feasibility for any potential extension of the law in the future, the nurse directors, in association with my office, have agreed a set of interim guiding principles to support the planning of nurse staffing levels in the community within district nursing services. Please see the attached principles.

These guiding principles have been supported following presentation at the NHS Executive Board and will form part of the refreshed 2017 Primary Care Workforce Action Plan and planning guidance for the 2018/19 IMTPs. The impact and usefulness of the guidance will be reviewed with the nurse directors and I will be asking for a baseline position statement against the principles in early 2018.

I am writing to ensure you have early sight of this work and seek your collective support within the health boards to develop primary and community based nursing services within the multidisciplinary context set out in the Primary Care Workforce Plan 2017, to ensure an appropriate workforce fit to meet population need and service expectations.

Yours sincerely

A handwritten signature in black ink that reads "Jean White". The signature is written in a cursive style and is centered within a light grey rectangular box.

Professor Jean White
Chief Nursing Officer/Nurse Director NHS Wales

Cc Andrew Goodall
Frances Duffy
Julie Rogers

District Nursing Staffing Principles

The district nursing staffing principles have been developed to provide an overall set of principles that empower district and community nursing to make a difference to individuals within the communities they serve. The principles need to be taken as a whole as interdependency between principles enables a triangulated three dimensional approach which captures the complexities of care in the community provided by district nurses in Wales.

The principles are set within the following underlying operational context:

- Workforce assessment should be undertaken based on these principles at least annually and when an identified change in workload has been noted in a district nursing team's workload.
- District nursing teams should be structured so they are coterminous with the cluster catchment / footprint and each cluster should have an identifiable cluster lead for the district / community nursing service. Each district nursing team or unit should have a distinct and identifiable geographical neighbourhood, zone or district within the cluster to enable the easy identification of the district nursing teams contact details from the patients address.
- The staffing make up of district nursing teams will be dependant on and reflect the cluster needs assessment of the population the team serves and the caseload the team carries this will include any care homes within the team's district and if the team is required to support Continuing NHS Health Care patients. The skill mix within the team should also take into account other community based services serving this district (for example reablement teams, rapid response or out reach teams, social care teams and third sector support).
- District nursing should apply prudent healthcare principles to workload and workforce.

Principle

1. Professional nursing judgement should be used in determining district nursing team's establishments.
2. District nursing teams should be structured so they are coterminous with the cluster catchment / footprint. Each district nursing team or unit should have a distinct and identifiable geographical neighbourhood, zone or district within the cluster.
3. The skill mix within district nurse led teams should be predominantly nurse registrant supported by health care support workers dependent on the patients' care needs.
4. 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.
5. 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.
6. To promote the continuity of an individual's care and to develop expertise about assets within a community, each district nursing team or unit within a cluster should have a staffing complement of no greater than 15 staff / 12 WTE.
7. 26.9% uplift should be used in calculating the headroom within a team.
8. Each team should have access to at least 15 hours administration support per week.