#FORTHEFULLTEAM
#FELUNTÎM

Coleg Nyrsio Brenhinol
Cymru
Royal College of Nursing
Wales

PAPER 1:
COMMUNITY NURSING TEAMS

THE ROLE OF THE
DISTRICT NURSE
AND THE COMMUNITY
CHILDREN NURSE

RECOMMENDATIONS

ONE

In settings out plans for primary, community and social care the next Welsh Government should ensure nursing is at the heart of any strategic development and legislation.

TWO

The Welsh Government should extend Section 25B of the Nurse Staffing Levels (Wales) Act 2016 to community nursing services.

THREE

The next Welsh Government, Health Education and Improvement Wales (HEIW) and NHS Wales should work together to increase the number of district nurses with a Specialist Practitioner Qualification (SPQ) and those working towards a community nursing master's degree.

FOUR

The Welsh Government, HEIW and NHS Wales should work together to increase the number of community children's nurses

FIVE

The Welsh Government should invest in supportive, handheld technology for community nursing teams.

CONTENTS

For more information, please contact
Policy&publicaffairs.wales@rcn.org.uk

#FORTHEFULLTEAM
#FELUNTÎM

Coleg Nyrsio Brenhinol
Cymru
Royal College of Nursing
Wales

INTRODUCTION

This report will be the first in a series of community nursing papers. It will look at community nursing teams and the specific roles of district nurses (DNs) and community children's nurses (CCNs). Additional papers will cover mental health and learning disability nursing.

For the last decade in Wales, health boards have reconfigured acute hospital services, reduced bed numbers, encouraged shorter patient stays, and enabled more complex treatments and care to be delivered at home.

In *A Healthier Wales* (2018), the Welsh Government outlined its long-term vision: to shift health care provision from resource-intensive hospitals to community-based services. This combined with the ageing population, and increased comorbidity of illnesses, means community nursing services have been under high pressure.

Community nursing teams deliver care closer to home, promote independence and provide a holistic philosophy to care. Rather than focusing on a task-based approach (e.g. changing a dressing), community nursing care is about a range of activities that assess and respond to the whole spectrum of needs of people being cared for in their homes and communities. This fits perfectly with the aspirations of *A Healthier Wales*. Research clearly demonstrates the detrimental impact of care delivered without nursing input.[1]

Community nursing teams can provide a range of specialist services, including mental health, learning disability, stroke care, dementia care, care of older people and care for children. Community nursing teams are led by DNs or nurses working towards a post-registration community nursing master's. DN is a title given to those with a SPQ, a Nursing and Midwifery Council-recordable qualification. The qualification recognises a highly skilled level of knowledge and practice. DNs are the experienced pinnacle of a community nursing team, providing clinical supervision and leadership to the registered nurses and health care support workers.

In 2017, the Chief Nursing Officer (CNO) published the District Nursing Staffing Principles.[2] The eight staffing principles seek to empower district and community nursing teams, and to recognise the complexity of care required in the community.

According to the principles, community nursing teams should be led by DNs with an NMC recordable qualification (SPQ), or a post-registration community nursing degree and leadership training. Each community nursing team should also have access to at least 15 hours of administration support per week. This paper will provide an overview of the challenges facing community nursing teams and will outline the importance of DNs and CCNs. Further papers will provide information regarding mental health and learning disability nursing

---

[1] Phelan, A et al., 2018, 'Challenges in care co-ordination: missed care in community nursing'. *International Journal of Integrated Care*, 18(S2).

[2] Chief Nursing Officer, 2017, *Interim District Nurse Guiding Staffing Principles*, https://gov.wales/sites/default/files/publications/2019-03/interim-district-nurse-guiding-staffing-principles.pdf. Accessed 15 March 2021.

SECTION ONE
The role of and vision for community nursing teams

Primary, social care and community nursing

Primary care is grouped and delivered by 64 clusters across Wales. According to NHS Wales, the core element of primary care is general practice, although primary care also encompasses many other health services, including pharmacy, dentistry and optometry.[3] Primary care is important for co-ordinating access to services in the local community and works closely with community nursing teams and social services.

Social care is a genic term most commonly used to describe the delivery of care and support for older people, vulnerable individuals and those living with learning disabilities, although social care can be provided for anyone that needs it. The term social care is often used by policymakers when referring to care delivered outside a hospital setting.

Community nursing teams work closely with social services to provide nursing expertise, promote independence living and assist the social care workforce. The social care workforce has faced historic challenges with regard to retention and recruitment, and this is especially true for registered nurses within this sector.

From a report published by Social Care Wales, we know there are only 1,438 registered nursing staff employed by commissioned care provided in Wales.[4]

The COVID-19 pandemic highlighted the fragility of the social care workforce, as the demands of COVID-19 significantly challenged the sector. Community nursing teams provided support for their colleagues in the social care sector, particularly in care homes, by offering necessary clinical care and, at times, palliative services for residents in care homes. This is further explained in Section 4.
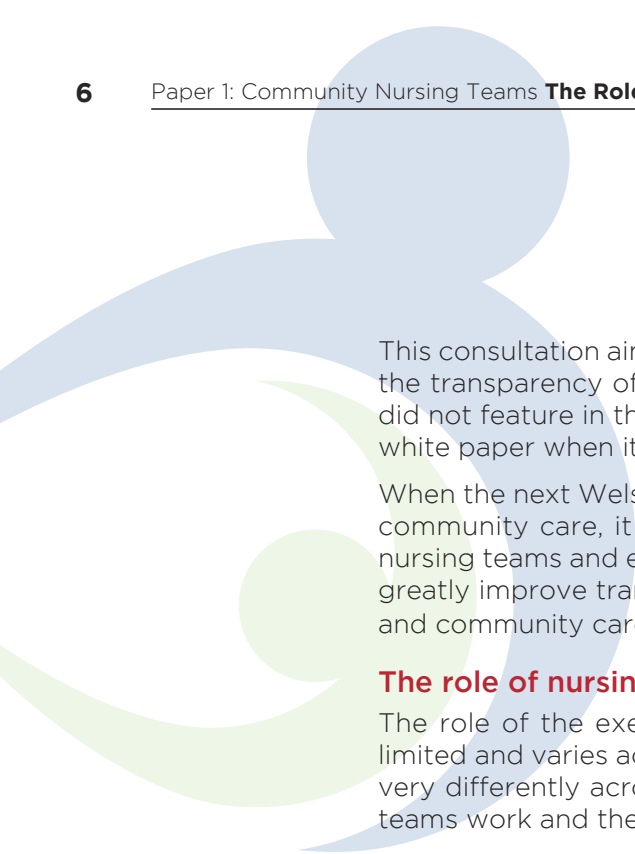
The interlinked nature of primary, social and community care is clear, but primary and social care greatly overshadow the importance of community care. There is a real danger that the contributions of community nursing teams – and also groups such as occupational health workers, school nurses and health visitors – are becoming invisible to policymakers and are undervalued.

Strategic planning for community care is often engulfed by planning for primary care. The blatant lack of support for, and recognition of the importance of, community nursing teams is clear.

In January 2020, the Welsh Government launched a consultation on the White Paper, *Rebalancing care and support,* otherwise known as *Improving Social Care arrangements and partnership working.*

---

[3] NHS Wales, 2014, *Our plan for a primary care service for Wales up to March 2018*, http://www.wales.nhs.uk/sitesplus/documents/986/Our%20Plan%20for%20Primary%20Care%20in%20Wales%20up%20to%20March%202018.pdf. Accessed 12 March 2021.

[4] Social Care Wales, 2020, *Social Care Wales - workforce profile 2019: Commissioned Care Provider Services*, https://socialcare.wales/resources/social-care-wales—-workforce-profile-2019-local-authority-regulated-services. Accessed 12 March 2021.

#FORTHEFULLTEAM
#FELUNTÎM

Coleg Nyrsio Brenhinol
Cymru
Royal College of Nursing
Wales

This consultation aims to set out a national framework for care and improve the transparency of the sector. RCN Wales was disappointed that nursing did not feature in the consultation but hopes to see nursing featured in the white paper when it is put forward as a bill.

When the next Welsh Government sets out its vision for primary, social and community care, it should have regard to the importance of community nursing teams and ensure community nursing is not overlooked. This would greatly improve transparency and communication between primary, social and community care.

The role of nursing in service design and funding

The role of the executive nurse director in community service design is limited and varies across Wales. Aligned community health services are run very differently across Wales and this affects the way community nursing teams work and their caseloads.

Regional Partnership Boards (RPBs) have been given a central role in progressing the integration agenda in Wales; *A Healthier Wales* describes RPBs as having a 'strong oversight and co-ordinating role' in delivering change.[5] Given this central role, RCN Wales would like to see far greater transparency and scrutiny of their work. Furthermore, nursing should be represented on the RPBs with the involvement of the executive nurse director.

Nursing input into service design is needed and it needs to be clear how and why projects are funded. If projects are successful there should be a mainstreaming process.

A plethora of funding initiatives has resulted in a great number of different specialist nursing teams based in the community.

There is little consistency across Wales, with some teams integrated within local authorities whereas others are not. Some have a rapid response services within the community nursing teams, but others have separate services such as rapid response, community resource teams, aged care assessment teams or frailty teams. Some teams have specialist chronic conditions leads, some lack any specialist lead, and some teams have access to community-based specialists for chronic conditions and work in partnership with them.

Many of these new initiatives are excellent in outcomes when their work is viewed in isolation but the wider strategic picture across Wales is unexamined, leading to the following problems:

[5] Welsh Government, 2018, *A Healthier Wales Our Plan for Health and Social Care*, https://gov.wales/sites/default/files/publications/2019-04/in-brief-a-healthier-wales-our-plan-for-health-and-social-care.pdf. Accessed 12 March 2021.

The new is prized over the successful: initiatives are usually funded via a bidding process. This bidding process is in itself capacity-consuming. In addition, many RCN Wales community nursing members voiced that they can no longer receive funding for proven, successful mainstream work but only for unproven new schemes or for 'rebadging' the old as new.

Lack of evaluation and mainstreaming: if a particular model of working is successful then it should be sustainably funded.

Lack of succession planning: when a specialist nurse leaves, too often the post cannot be filled or the post is removed, resulting in a loss of service and a loss of any improved efficiency.

Deskilling community nursing: staff can be pulled from community nursing teams into a 'new' team, such as frailty. If the new team requires skills such as IV medications, this shift of people and/or ways of working can strip the community nursing team of the ability and confidence to deliver these services. Community nursing teams may then become dependent on referrals to specialist teams, undermining their ability to work flexibly at the level commensurate with need.

The current assessment system for continuing health care is placing a large burden on the most senior members of the community nursing teams. RCN Wales members reported that up to a third of their time is occupied by repeated assessment to distinguish between health and social care needs and to confirm this. The patient often gets caught up in this delay as the teams are overwhelmed with assessments that are time consuming.

Overall, RCN Wales is receiving a picture from its members of a significant loss of resources and a constant devaluing of the skills and benefits provided by a functioning community nursing service.

The Welsh Government should set out a renewed vision for community care that should include recognition of the necessity of nursing. Any renewed vision for community care must include the input of the executive nurse director and community nurses.

Nurse Staffing Levels (Wales) Act 2016

Any renewed vision for community nursing teams must recognise the importance of the Nurse Staffing Levels (Wales) Act 2016.

The Welsh Government should extend Section 25B of the Nurse Staffing Levels (Wales) Act 2016 to include community nursing services. Section 25B places a legal duty on health boards and trusts to calculate and maintain the level of nursing based on a specified methodology.

The Welsh Government has committed to extending the application of Section 25B of the Nurse Staffing Levels (Wales) Act 2016 to inpatient paediatric services by October 2021, having started the consultation process in September 2020.

The All Wales Nurse Staffing Programme, held within HEIW, has a dedicated workstream for the extension of Section 25B to community nursing. The workstream oversees the development of the Welsh Levels of Care tool for use in the community. The tool will provide the specific, evidence-based

FORTHEFULLTEAM
FELUNTÎM

Coleg Nyrsio Brenhinol
Cymru
Royal College of Nursing
Wales

methodology needed to calculate the level of nursing required to ensure safe and effective care in the community. This would include a consistent assessment of the acuity and dependency of patients to allow for the consistent calculation of staffing need.

There should be greater investment in support for the All Wales Nurse Staffing Programme and a clear timeline for progress on this work. RCN Wales believes that the next Welsh Government should commit to extending Section 25B of the Nurse Staffing Levels (Wales) Act 2016 to community nursing.

SECTION TWO
Information technology, infrastructure, documentation and technology

The Welsh Government should invest in supportive technology for community nursing. RCN Wales believes the use of handheld devices with instant access to patient information should be standard across Wales.

The core role of the community nurse is to act as an intermediary between secondary care, primary care and social services. It is particularly invidious, therefore, that community nursing has long been at the back of the queue for investment in modern communication technology.

"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?"
(RCN Wales member)

RCN Wales members still report carrying large amounts of paperwork around and having to spend many hours updating records at the end of the day. Written documentation is usually left in the patient's home, but this can be problematic if the patient mislays it.

RCN Wales believes the use of handheld devices with instant access to patient information should be standard across Wales.

The three information systems our members have reported using are WCCIS, PARIS in Cardiff & Vale and, in Cwm Taf UHB, Malinko as part of its Neighbourhood Nursing (Buurtzorg) pilot.

RCN Wales asked our members within community nursing for their experiences of IT support. Half of respondents reported using a variety of equipment such as laptops and phones, but the other half reported having no access to handheld devices.[6]

Many employer-provided mobile phones have no software access to their office calendar or emails. RCN Wales members described their ideal handheld device as having a reasonable battery life; with software allowing access to their office calendar and emails; and allowing for electronic referrals.

---

[6] RCN Wales, 2019, *Community and District Nurse Consultation response*, Health Social Care and Sports Committee.

As manager of team of ten nurses I spend a lot of time completing forms on the computer for e-rostering and ESR [electronic staff record], but I have 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. (RCN Wales member)

The ability to take good quality photographs (for wound care) was also very important, as separate cameras are cumbersome to carry and required additional training.

In a world where the knowledge base is expanding and changing so rapidly, IT and access to the right technology can give nursing staff access to a world of knowledge and resources: not only patient records, but also current protocols, guidelines and the latest research findings. This is particularly valuable when delivering care within people's homes and in the community.

The Welsh Government must show a concerted and expeditious commitment to investing in the use of technology in care delivery in Wales. Whilst any public spending on eHealth and new IT systems will always require a high level of scrutiny, NHS Wales spends less than 2% of its funding on IT – significantly less than the recommended figure of 4%.[7] Sir Derek Wanless first recommended 4% in 2003.

It is also essential that nurses are involved in the design of digital records and software systems to ensure their practicality.

The Welsh Nursing Care Record (WNCR) was launched in February 2020 in several health boards across Wales. The project aims to transform nursing documentation by standardising forms and turning them digital.[8] A clinical nursing lead is employed in each health board and is leading the introduction of the new documents. The WNCR should encompass community nurses. The WNCR would greatly reduce the amount of paperwork nurses in the community are carrying around and would improve access to patient records. However, existing IT troubles need to be address and handheld devices rolled out within community nursing in order to provide equity of access to the WNCR.

The impact of COVID-19: IT

The first wave of the COVID-19 pandemic highlighted the need for digitally provided services within community care. Due to social distancing measures and the need to protect vulnerable patients and staff, the use of video consultations was rapidly rolled out across Wales.
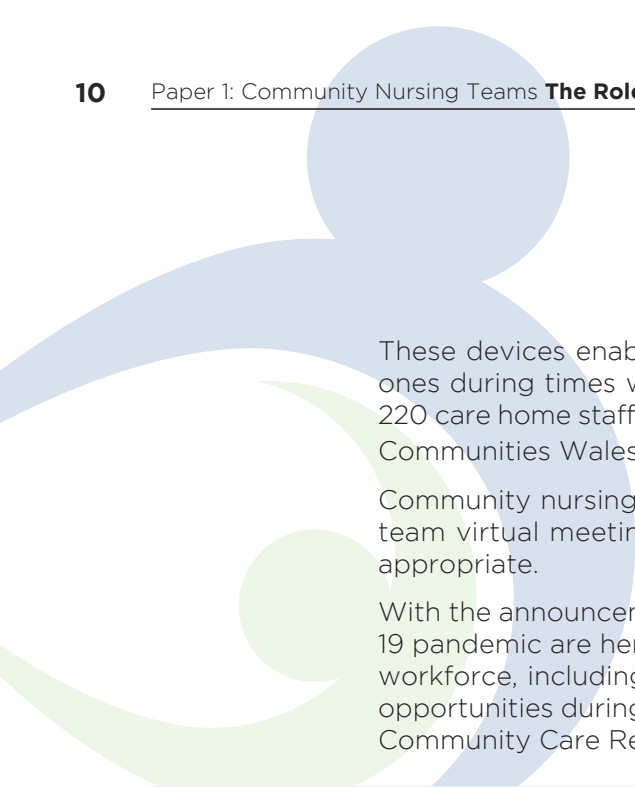
The Welsh Government has supported Digital Communities Wales's plans to expand their device loan scheme by 1,100 devices for residents of care homes.

As of June 2020 there have been over 1,500 video consultations in primary care and 3,000 in secondary care.[9]

[7] Audit Wales, 2020, *NHS Wales has a clear vision for electronic patient records, but more work is needed to deliver it*, https://www.wao.gov.uk/news/nhs-wales-has-clear-vision-electronic-patient-record-more-work-needed-deliver-it. Accessed 12 March 2021.

[8] NHS Wales, 2020, *Nursing Records go Digital*, https://nwis.nhs.wales/news/latest-news/nursing-records-go-digital/. Accessed 12 March 2021.

[9] Welsh government, 2020, *Digital Services introduced in NHS Wales during coronavirus here to stay*, https://gov.wales/digital-services-introduced-nhs-wales-during-coronavirus-are-here-stay. Accessed 12 March 2021.

#FORTHEFULLTEAM
#FELUNTÎM

Coleg Nyrsio Brenhinol
Cymru
Royal College of Nursing
Wales

These devices enable video consultations and interaction with their loved ones during times when no physical visits were allowed. As of June 2020, 220 care home staff members had received training on the system by Digital Communities Wales.[10]

Community nursing teams did increase the use of video consultations and team virtual meetings to reduce physical interactions when possible and appropriate.

With the announcement that digital services introduced during the COVID-19 pandemic are here to stay, it is important that the health and social care workforce, including community nursing teams, are provided with training opportunities during working hours. This has been raised at the Primary and Community Care Reference Group.

Public access to IT services and broadband is vital but only 29% of Welsh homes and businesses were able to access an ultrafast fixed broadband speed in September 2018.[11]

It is also important to understand that not everyone is able to use video consultation due to the current IT infrastructure in Wales. COVID-19 has highlighted the unequal access to IT across Wales.

This is significantly lower than the UK rate of 49%. Hence, it is not only vital that community nursing teams have access to working IT services and devices, it is also important that members of the public are not disadvantaged by their location or lack of IT devices or broadband.

SECTION THREE
Multidisciplinary teams (MDT)

As set out in Section One, there is a clear, intertwined relationship between primary care and community care. As a consequence, various health professionals work very closely together to provide care closer to home.

Whilst Section 4 will focus on the specific role of DNs and CCNs, it is important to remember that there are numerous professions working together in the community. This includes: community psychiatric nurses, health visitors, GPs, paramedics, occupational therapists, physiotherapists, social workers and many more.

[10] Welsh government, 2020, *Digital Services introduced in NHS Wales during coronavirus here to stay*, https://gov.wales/digital-services-introduced-nhs-wales-during-coronavirus-are-here-stay. Accessed 12 March 2021.

[11] Miller, N. Greenwood, A: Miller Research, 2019, Evaluation of Next Generation Broadband Wales Programme 2015-18: Final report, https://gov.wales/sites/default/files/statistics-and-research/2019-10/evaluation-next-generation-broadband-wales-programme-2015-18.pdf. Accessed 12 March 2021.

The Primary Care Transformation Programme recognised the importance of the MDT in improving access to primary and community care.[12] MDTs are the pinnacle of joined-up working in primary and community setting.

MDTs can provide high quality patient care and support through ensuring patients have an appropriate level of care at the right time in the right place. Furthermore, MDTs provide opportunities to break down the siloed thinking of professions and allow numerous health professions to work together to communicate, share learning, support each other and understand the roles of their team members.

The use MDTs as a mechanism for joined-up working is significant, and the use of MDTs is expected to expand. It is therefore important that the challenges facing MDTs are addressed to improve the patient referral process to other agencies and professionals. This improvement needs to address the speed of the referral but also to be clear about the difference between assessment and action. MDTs which work effectively together to 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.

"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 social services 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." (RCN Wales member)

Patient 92 years old living with wife. Patient has dementia. Fallen Friday. Fallen Saturday. Paramedics visited did all the observations. Patient deemed safe to stay at home. Message to GP on Monday – please review patient. Patient had fallen for a fourth time on Monday. Patient reviewed Tuesday – bloods by GP and DN visited. When the DN visited after GP, [DN] *found patient half fallen 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* [patient] *place 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 Social Service? and why they cannot be working at weekends? (RCN Wales member)*

[12] Primary Care One, *Strategic Programme for Primary Care, 2018,* http://www.primarycareone.wales.nhs.uk/sitesplus/documents/1191/Strategic%20Programme%20for%20Primary%20Care.pdf. Accessed 12 March 2021.

SECTION FOUR
The community nursing workforce

There has been an increase in the number of registered nurses and nursing staff working in the community over the last five years. RCN Wales believes this trend should continue but more information is required before the level of need in the community can be properly assessed. The number of people receiving (or requiring) care in the community 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.[13]

It should also be pointed out that Wales does not have outcome data for patients receiving care, so it is difficult to judge which models of care are most effective from a patient perspective and from the perspective of efficiency with public money.

RCN Wales believes that the Welsh Government should improve nationally-held information on nursing care in NHS community settings to improve workforce and service planning.

This section will discuss community nursing morale and the impact of COVID-19 on the whole community nursing workforce, before moving on to discuss the specific roles of the DN and CCN.

Community nursing morale

RCN Wales members are under pressure and undervalued. This does not detract from the superb practice shown by our healthcare professionals. This section refers to community nursing morale before the COVID-19 pandemic. The impact of the COVID-19 pandemic can be found in the following section.

RCN Wales 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 ensures that the value of the service is fully understood. The positive outcome of these certainties may be deployed effectively to ensure the best patient care possible.

This issue needs to be urgently addressed. RCN Wales proposes that the next Welsh Government develop a retention strategy to encourage nursing and health care professionals to stay within the health and social care sector and to stay within the NHS.

A retention strategy should focus on ensuring access to flexible working, ensuring safe working conditions through the extension of Section 25B of the Nurse Staffing Levels (Wales) Act 2016, and a fair and meaningful pay rise.

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 patients and complexity of the caseload... Staff do not get paid [extra] but get TIL [Time in Lieu]. We feel undervalued. (RCN Wales member)

13 Thomas SJ, Wallace C, Jarvis P & Davis RE, 2016, *Mixed-methods study to develop a patient complexity assessment instrument for district nurses*, Nurse Researcher 23(4), 9-13.

Impact of COVID-19: workforce

COVID-19 has challenged the entire health and social care workforce. The nursing workforce has led innovation, provided complex clinical care and shown professional leadership, but they are tired.

Nursing in the community continued to provide care for some of the most vulnerable in society throughout the COVID-19 pandemic. However, there were also cases where community nursing teams were redeployed, leaving services diminished. During the first wave of the COVID-19 pandemic, normal ways of working were suspended or altered to ensure the health and social care sector could respond to the pandemic. This had a huge effect on community nursing.

DNs stepped up to support their colleagues in care homes by providing necessary clinical care and, at times, palliative services for residents in care homes. Care homes were challenged significantly during the COVID-19 pandemic. The support from DNs was invaluable. DNs provided this support on top of their existing duties, including supporting an increased number of patients in the community, leading community teams, and keeping up to date on COVID-19 guidance and infection prevention and control advice.

Some areas of nursing practice, such as school nurses and health visitors, were redeployed and unable to carry out their normal roles. During this time it was reported that safeguarding referrals for both children and vulnerable adults reduced significantly. During a Children, Young People and Education Senedd Committee session, Julie Morgan MS, Deputy Minister for Health and Social Services, recognised that there had been a significant drop in safeguarding referrals to social services.

As of 5 May 2020, she reported that "one local authority…reported a drop of 27% in terms of safeguarding referrals compared to this time last year".

Following this, on 18 May 2020, the chair of the National Independent Safeguarding Board said that "referrals to adult services and domestic abuse reported incidents have also dropped off".[14]

RCN Wales is of the impression that school nurses and health visitors have since been returned to their normal roles, and safeguarding responsibilities have resumed. However, RCN Wales is concerned that, should they need to be redeployed again during the current and possible future waves of COVID-19, once again we could see a decline in the capabilities of community nursing services.

To read more about the nursing experience of the COVID-19 pandemic, click here.

---

14 Children, young person and education Senedd committee, 2020, https://record.senedd.wales/Committee/6096. Accessed 12 March 2021.

#FORTHEFULLTEAM
#FELUNTÎM

Coleg Nyrsio Brenhinol
Cymru
Royal College of Nursing
Wales

District nurses (DNs)

The Welsh Government, HEIW and NHS Wales should work together to increase the number of specialist practice community nurses, advanced practice nurses and consultant nurses in all fields in Wales. This must include a focus on DNs.

DNs, and registered nurses with a postgraduate community nursing master's and leadership training are the experienced pinnacle of a community nursing team, providing clinical supervision and leadership to a team of registered nurses and health care support workers.

In 2017 the CNO published DN staffing principles.

These eight principles set out that community nursing teams should be: led by DNs or those with a postgraduate community nursing master's, formed on a cluster model and comprise 15 staff or 12 whole time equivalent. The principles further state that community nursing teams should have access to at least 15 hours of administrative support a week.[15]

RCN Wales is aware that the principles are not always achievable, as community teams are challenged by recruitment, succession planning and retention. Furthermore, RCN Wales knows it is not always the case that community nursing teams have access to 15 hours of administrative support a week.

RCN Wales would welcome published information on whether the principles have been achieved, and what measures health boards are putting place to ensure the principles can be followed.

In addition, it is the view of RCN Wales that each registered nurse working in the community should have completed the core module of community fundamentals but, again, this is often not the case.

F1. Number of District Nurses (DNs) in Wales (Stats Wales, 2020)

	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
	844	744	745	647	574	461	669	705	666	667	774
	750	693	666	584	516	412	581	610	581	591	690

—— Headcount District Nurses
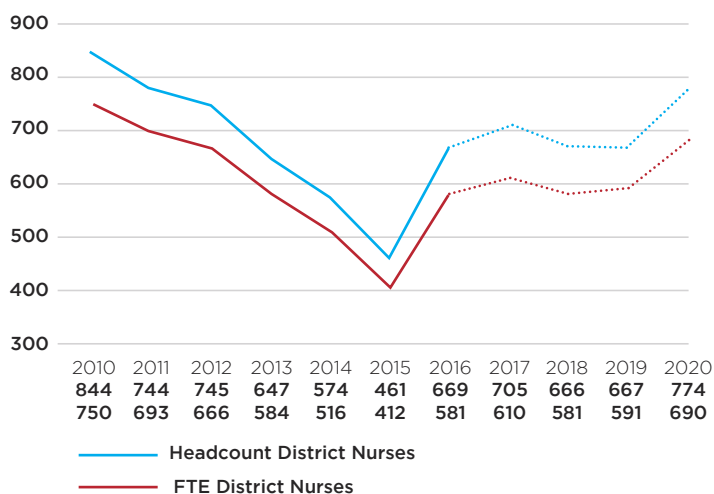
—— FTE District Nurses

Figure 1 shows the number of DNs in Wales. The information in Figure 1 is published by Statistics Wales. Statistics Wales is supplied with this information by health boards.
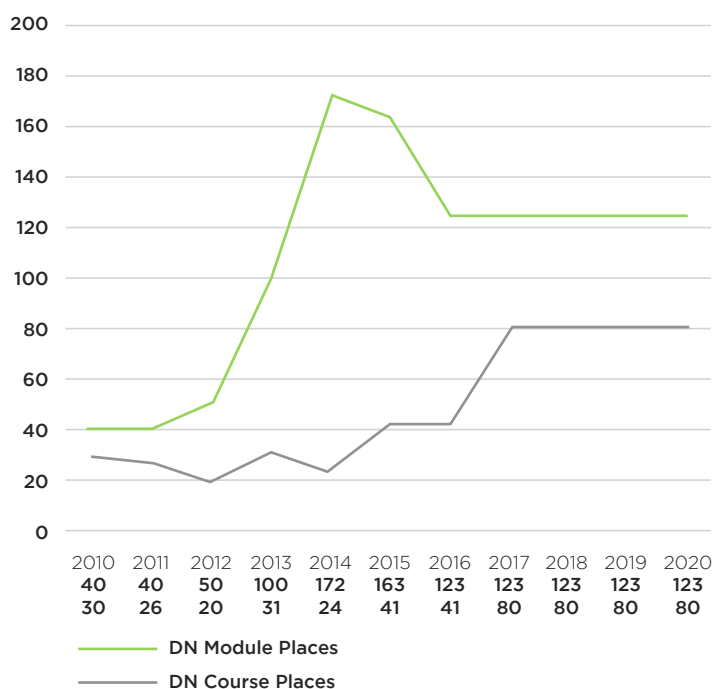
Figure 1 shows an apparent increase in DN numbers in 2016 with a further rise in 2019, so why has RCN Wales used a dotted line?

---

[15] Chief Nursing Officer, 2017, *Interim District Nurse Guiding Staffing Principles,* https://gov.wales/sites/default/files/publications/2019-03/interim-district-nurse-guiding-staffing-principles.pdf. Accessed 15 March 2021.

Quite simply because this information is not reliable. Registered nurses in the community are being miscoded as DNs, despite not having the relevant qualification. Importantly this was acknowledged in the Statistics Wales quarterly update (September 2019): "there are a number of nurses coded as district nurses who should not be".[16]

In the annual statistics Wales quarterly update it was recorded that enhancements in 2018 to the electronic staff record meant that it is possible for Statistics Wales to see which of those coded as DNs have the relevant qualification. Despite having the ability to identify nurses with the relevant qualifications, and acknowledging the presence of inaccurate data, Statistics Wales has not published the correct information in its December 2019, March 2020 and June 2020 publications.

F2. Number of District Nurses (DN) modules' and courses avaliable in Wales (Statistics Wales, 2020)

	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
DN Module Places	40	40	50	100	172	163	123	123	123	123	123
DN Course Places	30	26	20	31	24	41	41	80	80	80	80

— DN Module Places

— DN Course Places

Education places for DNs are commissioned by the Welsh Government. Modules allow a flexible approach to learning. It can be seen from figure 2 that the Welsh Government increased the number of education places commissioned in 2013 but this number has been static in recent years.

Given the age profile of DNs and the increasing numbers of people being cared for in the community with complex conditions, RCN Wales would argue there is a serious case to be made for increasing this provision.

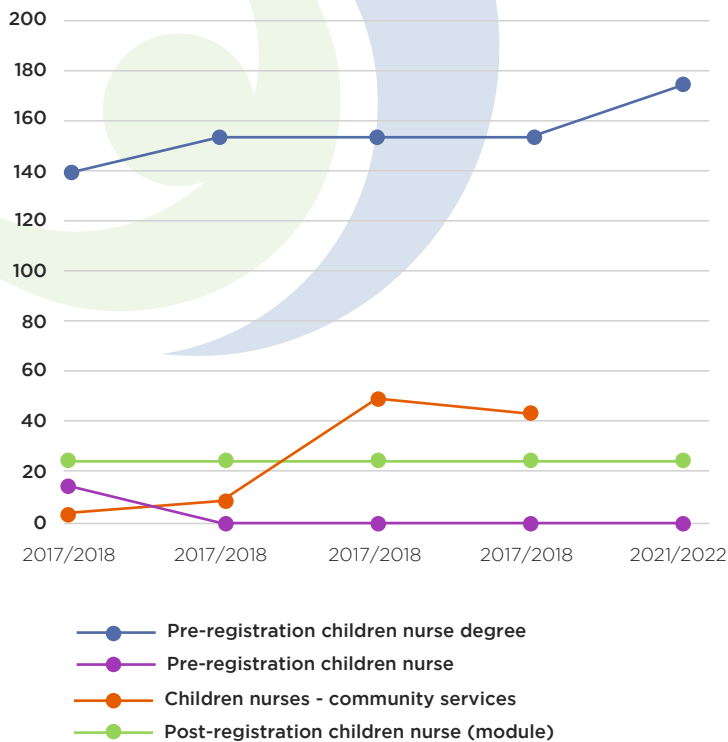## Community children's nurses (CCNs)

The Welsh Government, HEIW and NHS Wales should work together to increase the number of CCNs.

Traditionally children's nurses were relatively few in number and hospital-based. These days children with complex health needs can receive far more care at home. This means many more children's nurses are needed in the community.

Wound care and management, ventilation, blood pressure monitoring, IV medication, line management, feeding support and palliative care are some of the services children's nurses provide, along with vital education for other healthcare professionals, carers and school staff.

[16] Welsh Government, 2019, Statistics Wales quarterly update September 2019, https://gov.wales/sites/default/files/inline-documents/2019-09/statistics-wales-quarterly-update-september-2019_0.pdf. Accessed 12 March 2021.

#FORTHEFULLTEAM
#FELUNTÎM

Coleg Nyrsio Brenhinol
Cymru
Royal College of Nursing
Wales

F.3 Pre-and post-registration commissioning for children's nursing, including the number of children's nurses within community services (HEIW, Statistics Wales, 2020)

Pre-registration children nurse degree
Pre-registration children nurse
Children nurses - community services
Post-registration children nurse (module)

Note: the pre-registration children's nursing, and post-registration children's nurse information was gathered from HEIW, the number of children's nurses – community services was gathered from Statistics Wales using data from September 2017, September 2018, September 2019 and June 2020.

Figure 3 highlights the number of pre-registration and post-registration commissioned children's nurse numbers and post-registration modules. The figure further shows the number of CCNs, according to Statistics Wales.

RCN Wales is pleased to see a rise in pre-registration children's nursing places for 2021/2022 but urges the Welsh Government to further invest in this field of nursing to ensure the demands of children can be met. Furthermore, from the orange line in Figure 3 it can be seen that the number of CCNs failed to increase in 2020/2021 and, rather, decreased, falling from 48.7 to 43 (WTE).

From information provided by Together for Short Lives, the charity for children's palliative care[17] RCN Wales is aware that there is a significant shortfall in the number of CCNs needed to meet demand. There are currently 43 (WTE) CCNs in Wales. Using the RCN's recommendation for a minimum of 20 WTE CCNs per average-sized district with a child population of 50,000, Together for Short Lives estimated that Wales needs an additional 240 CCNs.[18]

To meet the demand, the Welsh Government and HEIW must increase the number of commissioned pre-registration children's nurses and must urgently increase the number of CCNs and CCN modules.

[17] Together for Short Lives, Wales, https://www.togetherforshortlives.org.uk/changing-lives/speaking-up-for-children/policy-advocacy/9563-2/. Accessed 27 April 2021.

[18] Together for Short Lives, Wales, https://www.togetherforshortlives.org.uk/changing-lives/speaking-up-for-children/policy-advocacy/9563-2/. Accessed 27 April 2021.