GIG CYMRU NHS WALES
Perfformiad a Gwella
Performance and Improvement

Summary of the DN Principals

Challenges in completing the DN Principals

The main queries on the DN submissions were in relation to the following two principals, with some HB's unable to provide the required data

DN Principle 4: Each district nursing team or unit should have

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.

PTHB and SBUHB were unable to provide data

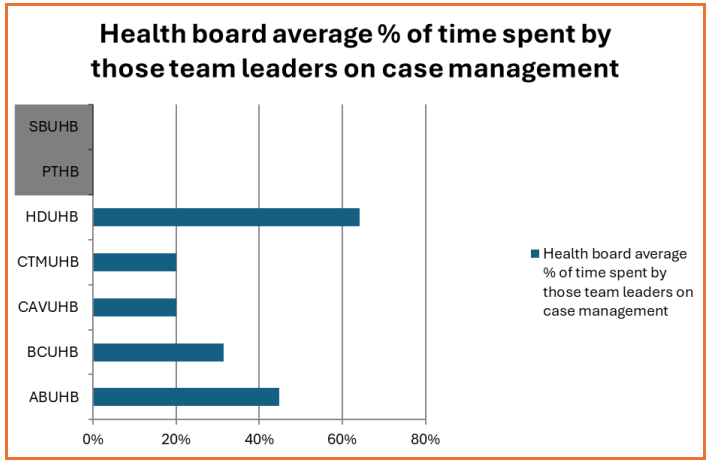
Data returned by some HBs may reflect **planned time** but for these activities but not account for cancellations to cover clinical capacity shortfalls

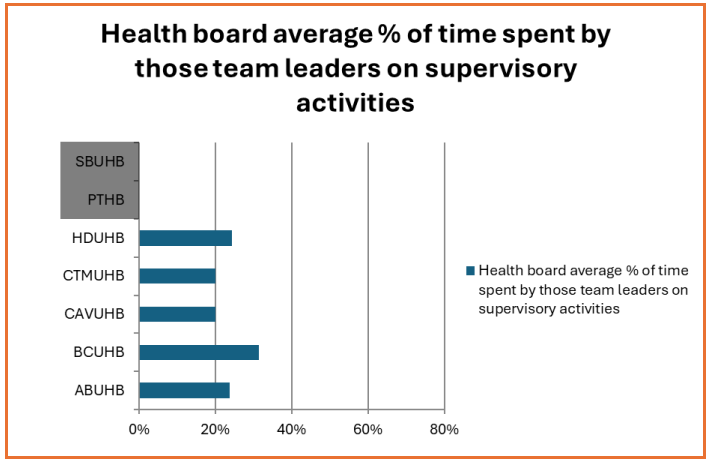
DN Principle 7: 26.9% uplift should be used in calculating the headroom within a team.

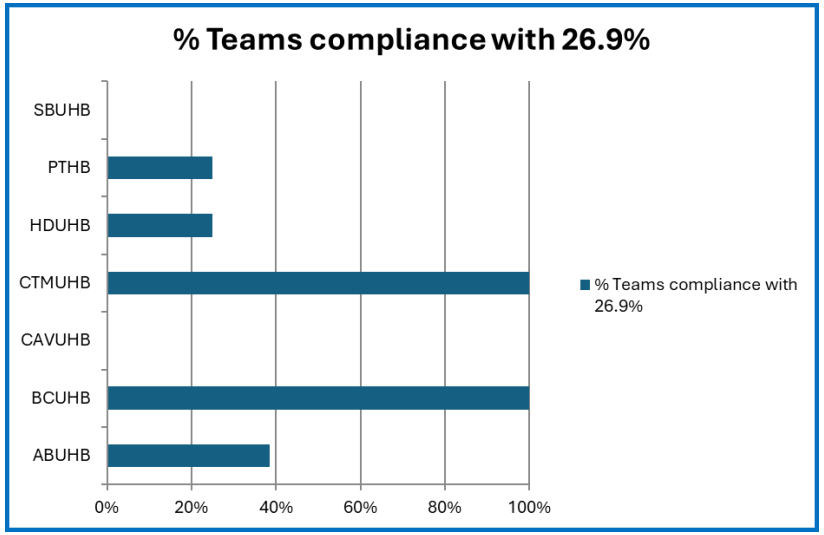
All HB's submitted this data. CAVUHB and SBUHB do not have any teams with 26.9% uplift.

Uplift is calculated by looking at rostered staff over a set period and comparing the rostered hours to the funded hours available. In some HBs the difference between the rostered hours and the funded hours is not a result of the planned uplift but indicates a shortage in allocating their rosters.

Considerations like maternity leave, compassionate leave and vacancies are included in funded WTE but are not hours available for rostering. Some Hb's did not use the calculator to report on their uplift as their baseline uplift level is known.







DN Principle 1:

Professional nursing judgement should be used in determining district nursing team's establishments.

- 176 Teams in Wales 2025 [162 Teams in 2023 (Increase of 14 Teams)]

DN Principle 2:

District nursing teams should be structured so they are coterminous with the cluster catchment / footprint.

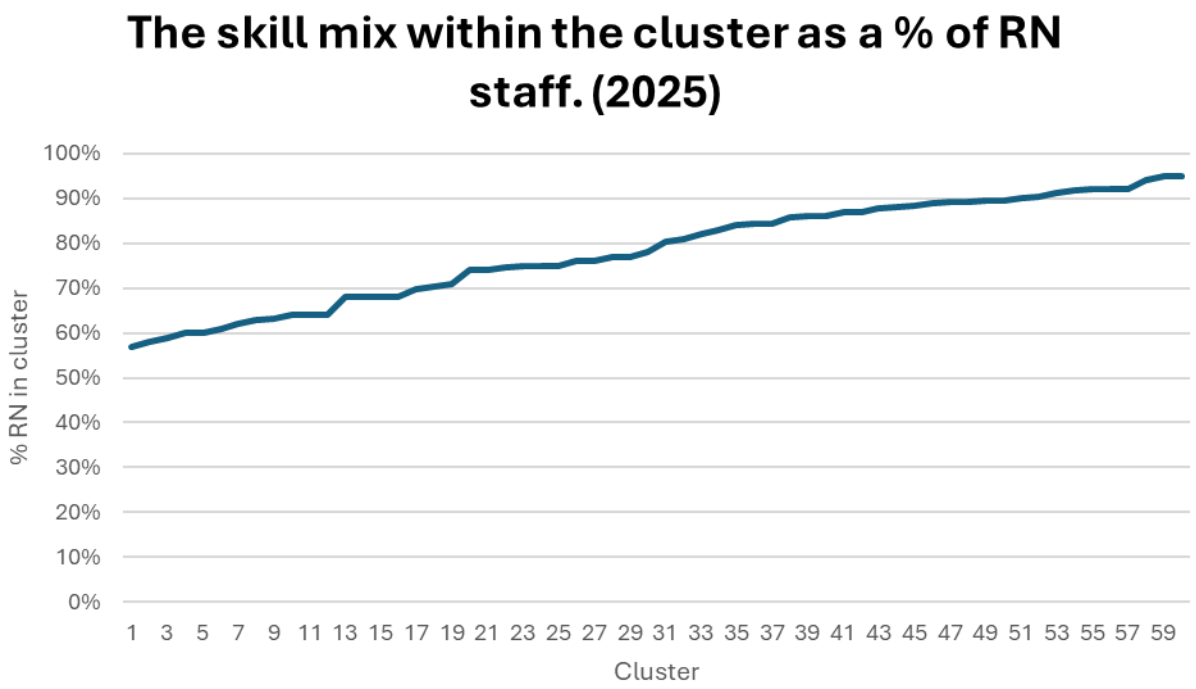
Each district nursing team or unit should have a distinct and identifiable geographical neighbourhood, zone or district within the cluster.

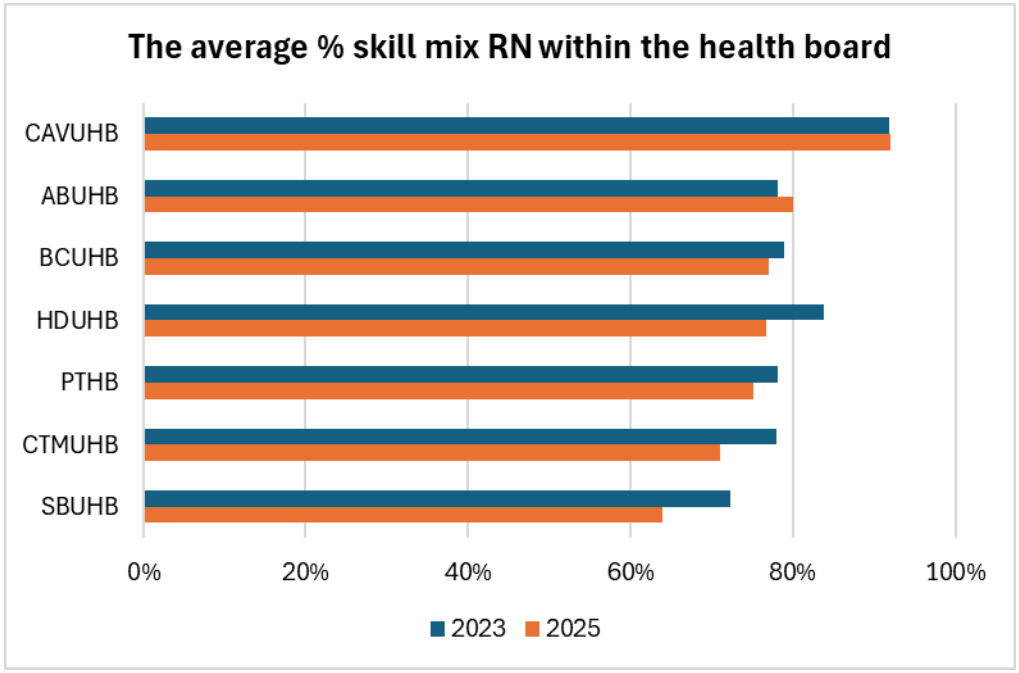
- 100% of clusters that have coterminous DN teams

DN Principle 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.

100% Teams are predominantly RN but there is variation across the HB's and across the clusters

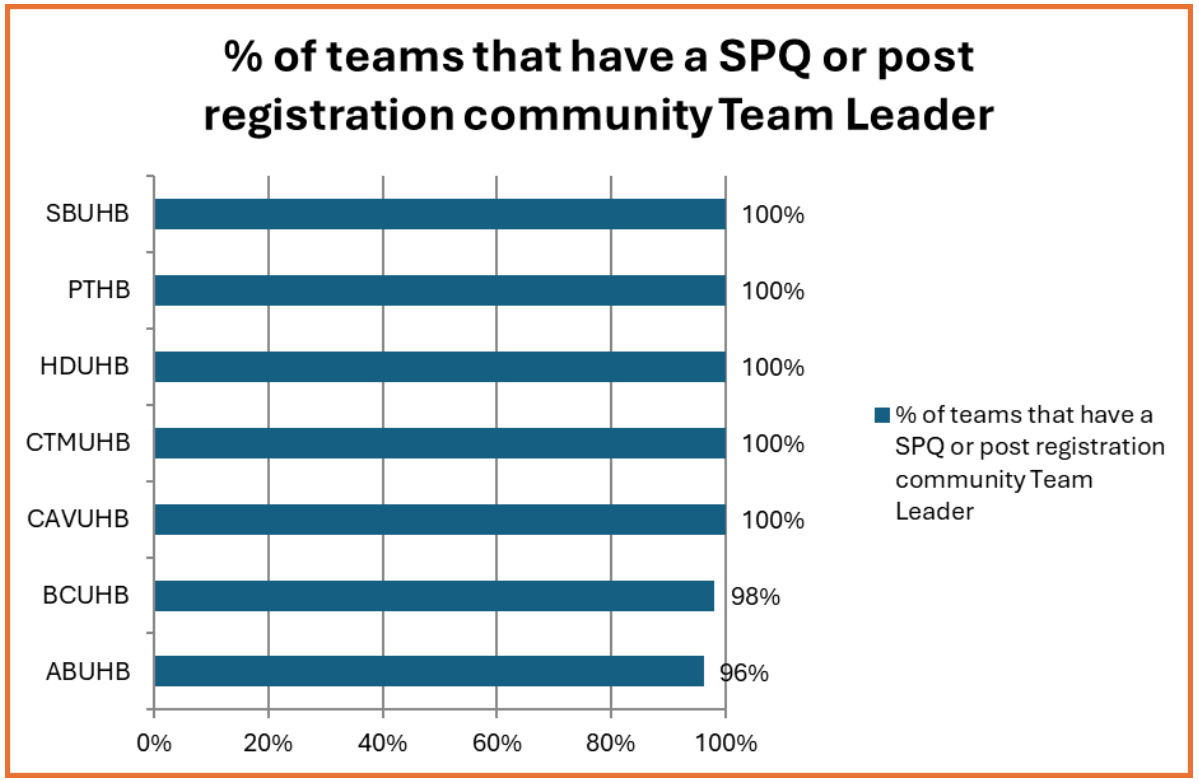


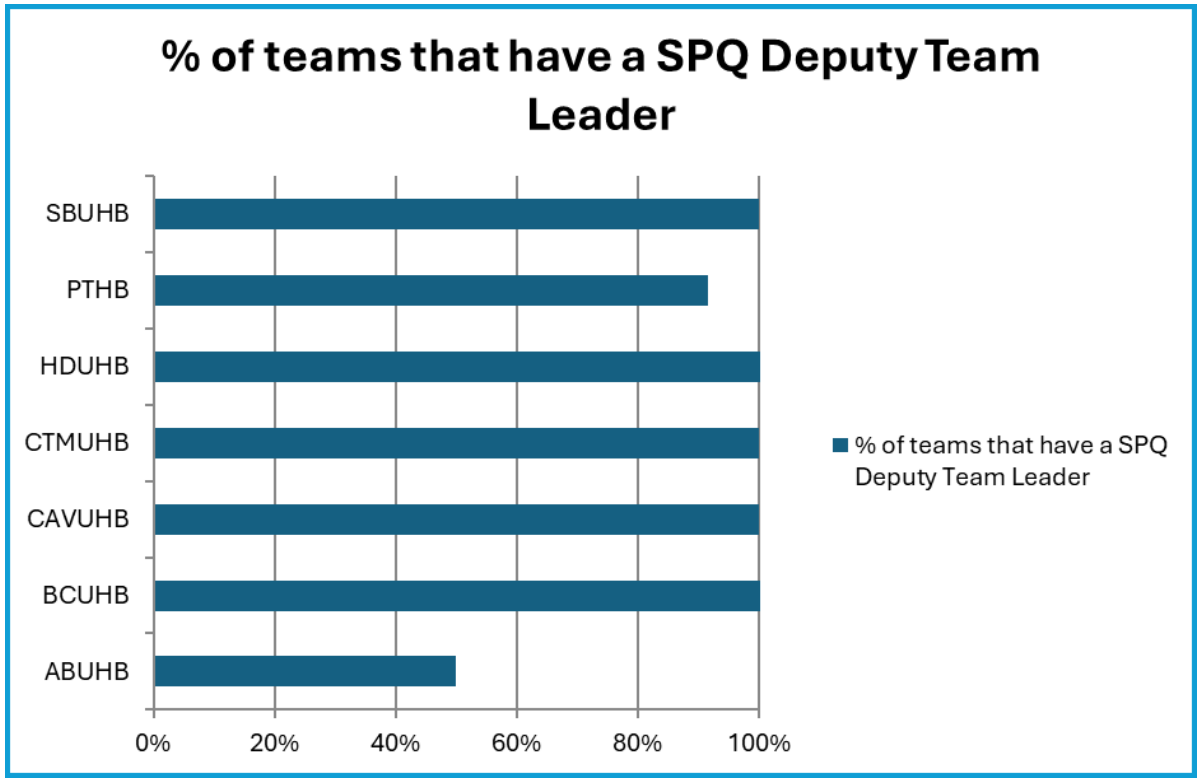


DN Principle 4 & 5:

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.

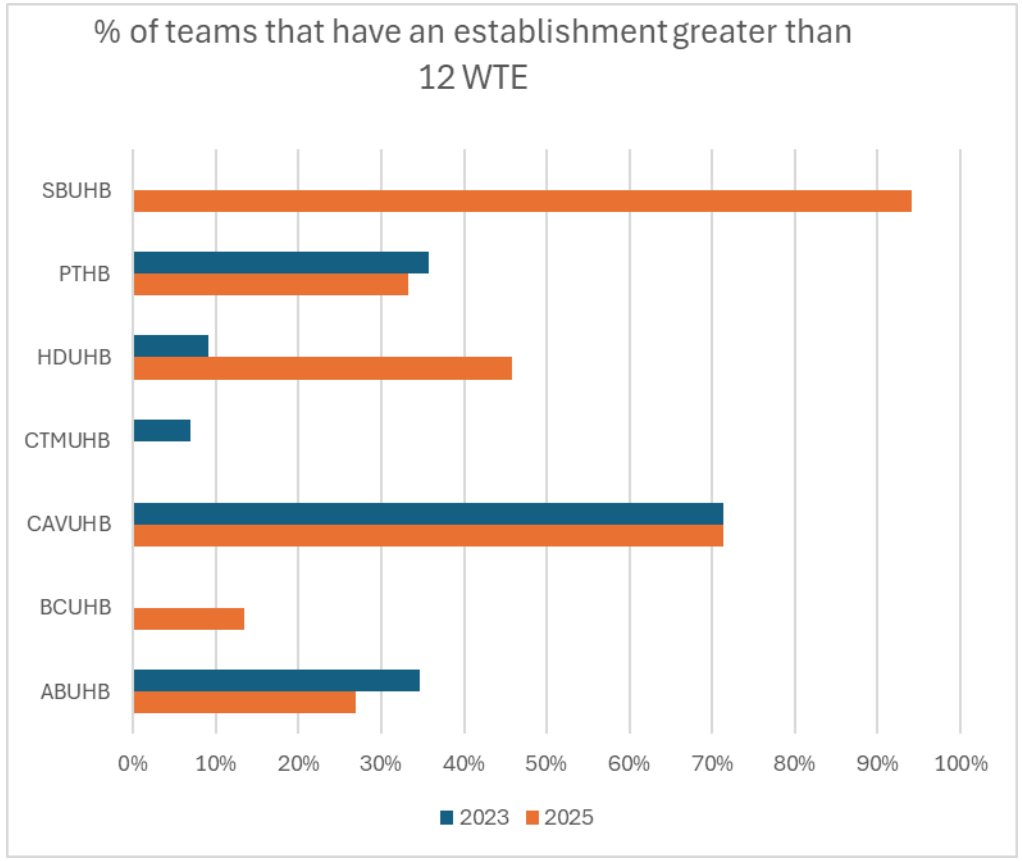
5: There should be at least one deputy team leader District Nurse with a recordable qualification (SPQ) or a post registration community nursing degree and leadership training case manager within each district nursing team.





DN Principle 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.

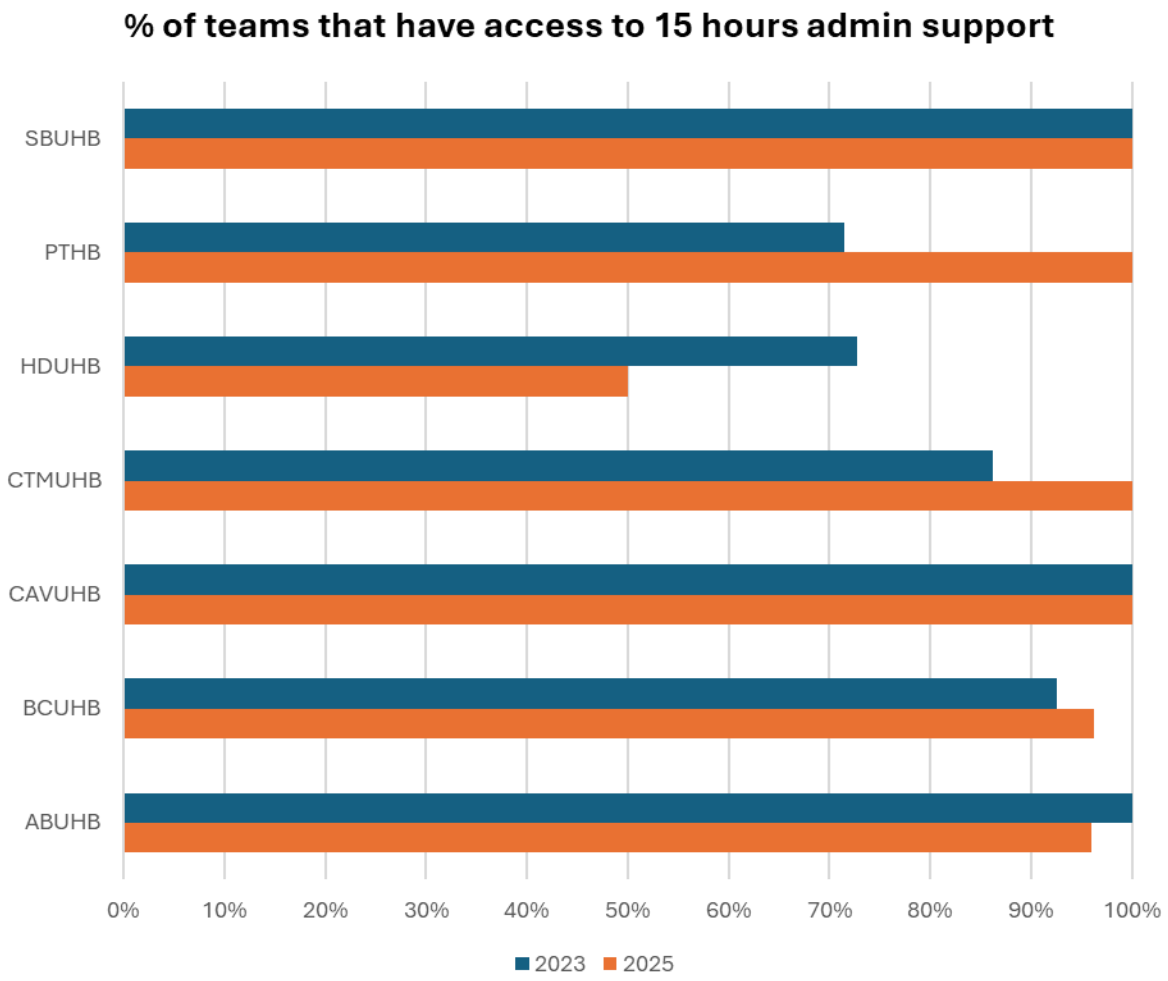


3/7 HB's have more teams over 12WTE in 2025 compared to 2023.

3/7 HB's have less teams over 12WTE in 2025 compared to 2025 (CTMUHB) reported no teams larger than 12 WTE in 2025

1/7 HB's remains at the same rate as 2023

DN Principle 8:



- Each team should have access to at least 15 hours administration support per week.

2/7 HB's maintained 100% teams with 15hours admin

3/7 HB's increased compliance since 2023

2/7 HB's reduced number of teams with 15 hrs of admin

Feedback that principals were established 2017, prior to Civica scheduling implementation

Additional data provided for community specification review

Purpose: Provide overview of the data requested in support of the 2025 community nursing specification review.

Focus on the DN Principals and discharge reason information received.

- When discharge data is available routinely data will be included in the DN dashboard.
- Noting not all graphs include all HB's so figures may change
- Due to issues with front end reports some data may need to be rerun and updated

Ask of EDON: For information and comment. Analysis from this will be continued.

The request and the returns

All HBs were asked to provide data relating to the following four areas for April 2025 and May 2025

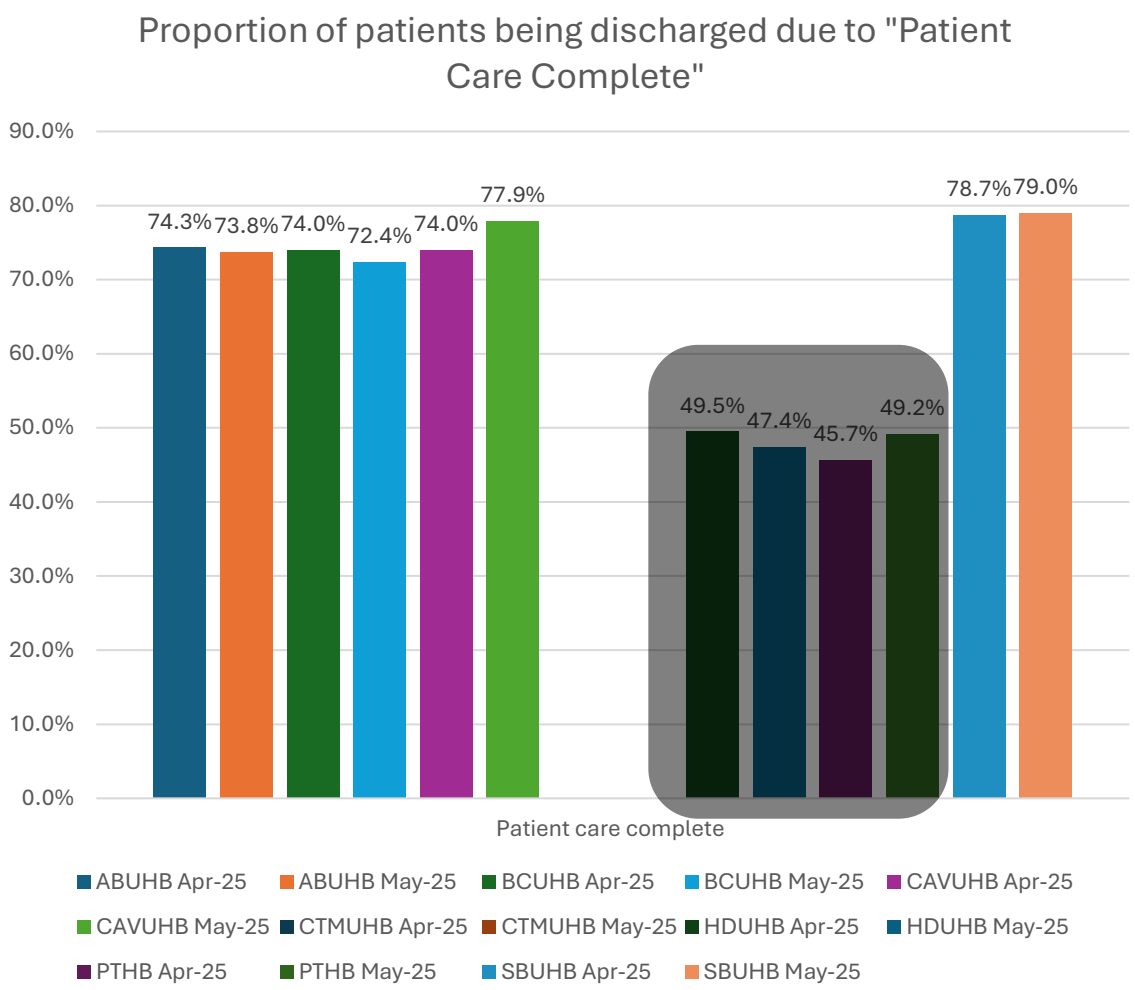
- Discharges
- Moving/deferring activities
- Cancelling activities
- No access visits

HB's supplying data at date level	HB's supplying data aggregated to Month
• ABUHB • CTMUHB* • HDUHB • PTHB • SBUHB **Pending some information*	• BCUHB • CAVUHB

Some HBs had to undertake manual data extraction, this identified issues with reports and some HB processes.

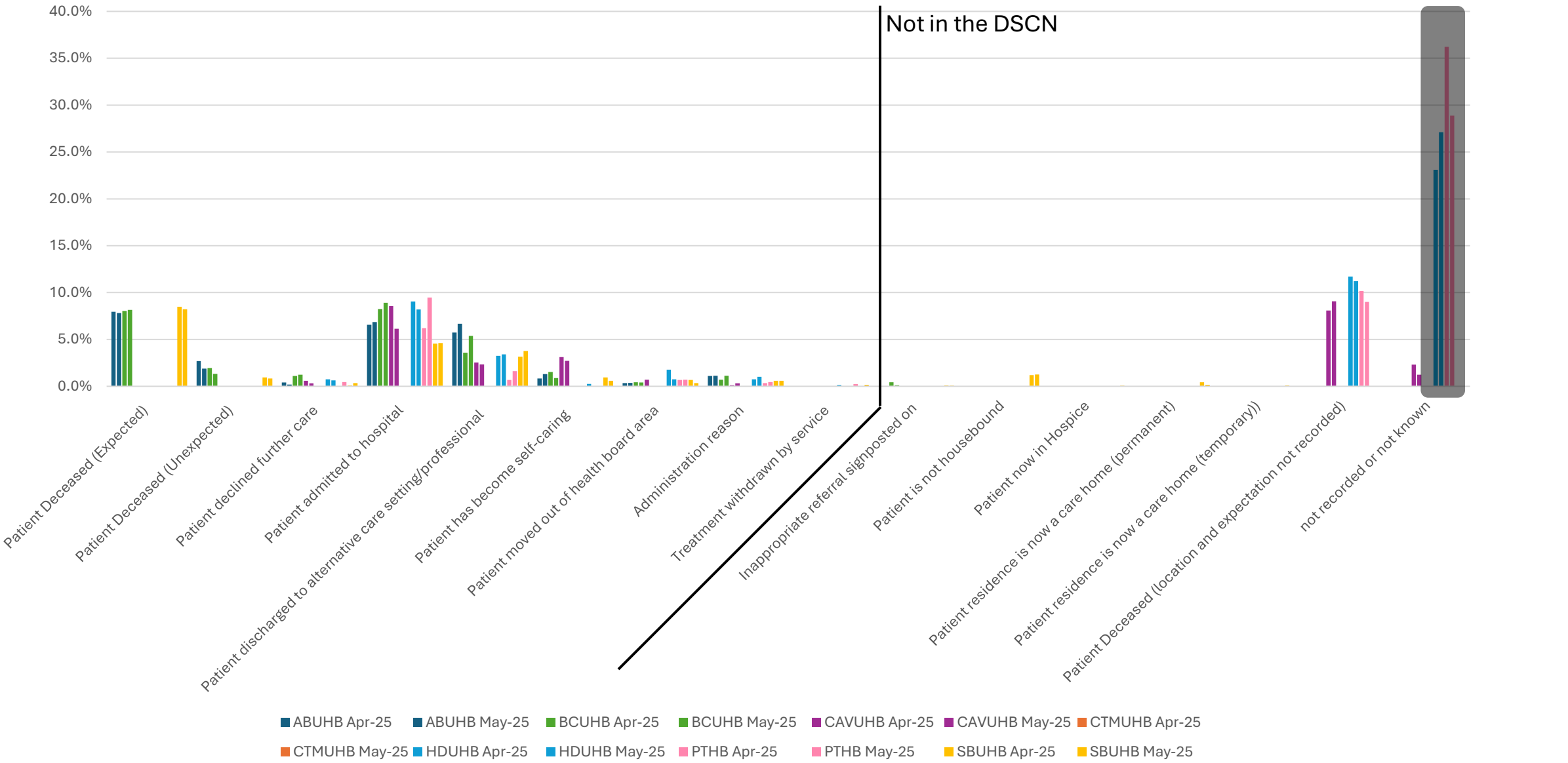
Not all the DN data standards have been implemented making comparisons between HB's and a universal Wales picture challenging.

Discharges

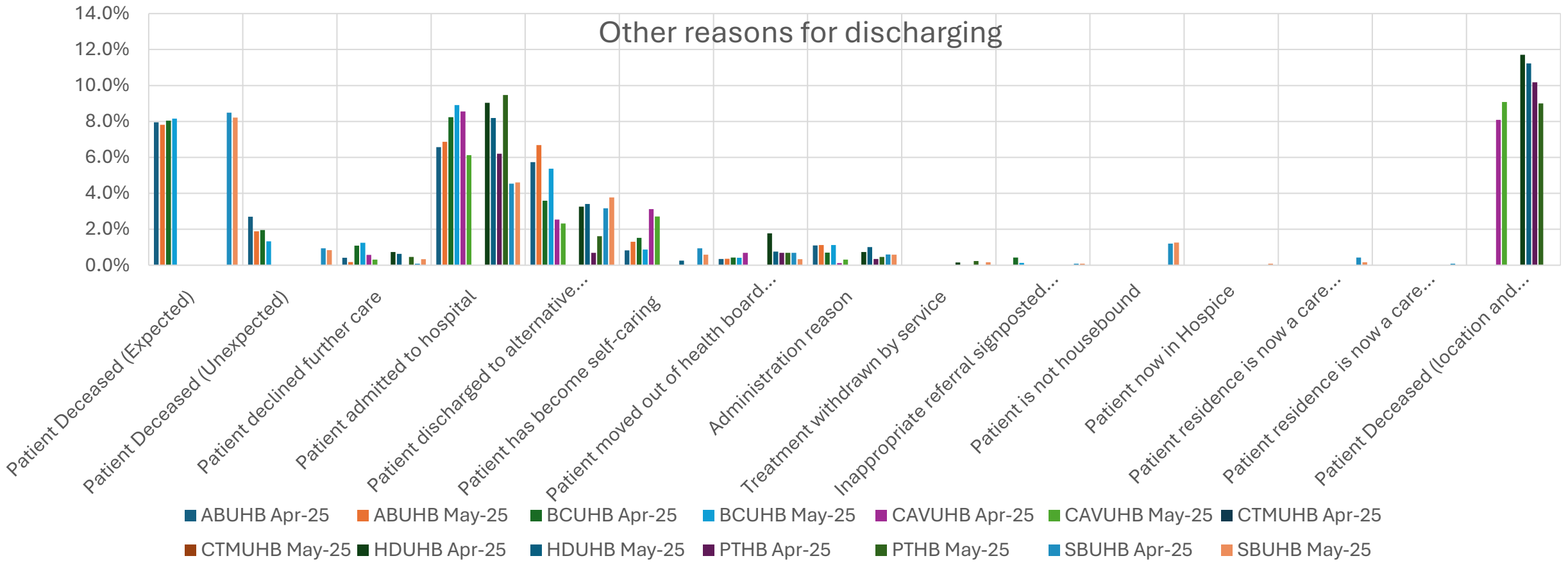


- Most common reason for discharge is "Patient care complete"
- Consistency is present across HB's and 2 months data provided
  - HDUHB and PTHB did not have the DSCN in place. Where possible and enough detail available retrospective assumptions made to attribute aggreged standard to the data, but *many discharges marked are still marked as not known*
  - CTMUHB Data still pending

Discharges that are not “Patient Care Complete”



Discharges - removing the “not recorded or unknown”



Some reasons recorded are similar but not inline with DSCN