

Halton Policy & Performance Board Topic Group Care at Home: Community Nursing Overview and monitoring arrangements

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Community Nursing Overview

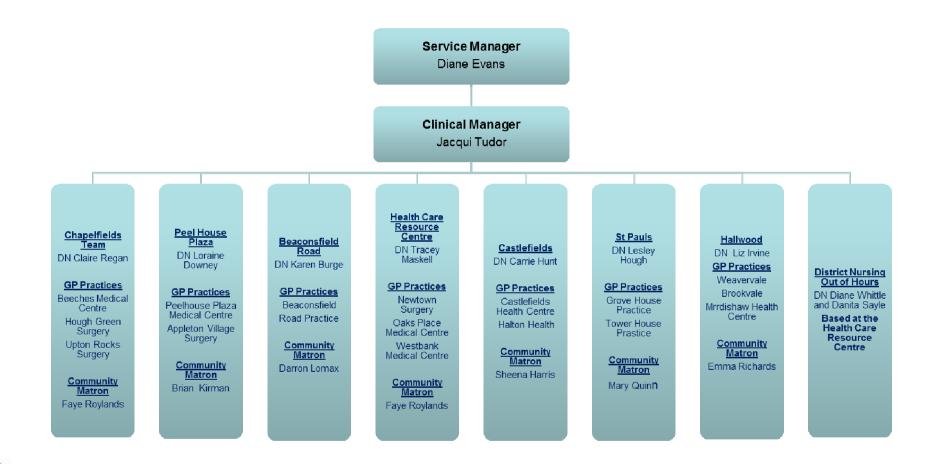


- Community Nursing comprises of: District Nurses, Community Matrons, Staff Nurses and Health Care Assistants.
- The service operates across 365 days covering 24 hours. (Staffing levels reduce in the out of hours to match demand).
- Teams are located within a number of bases, and are aligned to Halton GP practices.
- Care is delivered across a range of community locations, including the service user's home (housebound), clinics, care homes.
- The service provides assessment, treatment, maintenance and support for service users who have acute, chronic, continuing healthcare including palliative and end of life care needs.
- The complexity of service users requires co-ordination across a number of organisations including health, social care, intermediate care and voluntary organisations.



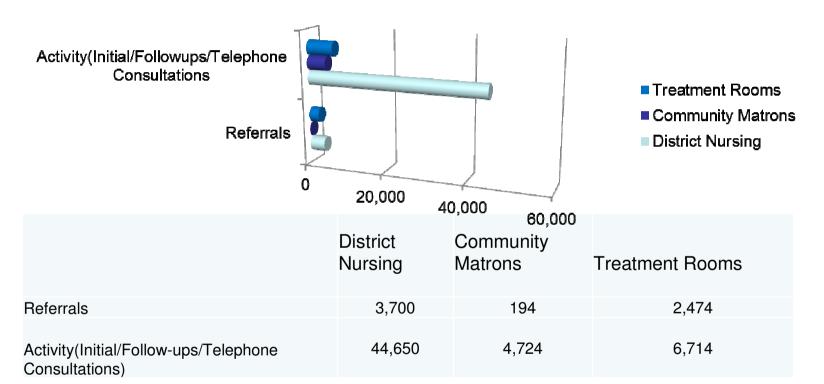
Team Structures







Referrals and activity 2014-15 YTD (Sept 14)





Safety & Quality

Incidents/Risks:

- •Incidents/risks reported on Ulysses, the trust risk management system
- •All incidents seen by senior managers daily ability to escalate in day to Director level.
- Clinical Managers investigate within 7 days
- Service Manager reviews all incidents weekly
- •Themes and trends identified via specialist groups e.g. medicines management, pressure ulcers, and the Trust Quality Management Group
- •The National Patient Safety Agency (NPSA) Root Cause Analysis (RCA) report is completed for all Serious Untoward Incidents (SUIs) and reported to the Clinical Commissioning Group (CCG)





Safety & Quality

Competencies/training:

- Annual mandatory/statutory e-learning
- Safeguarding adults and children training
- Dementia training
- Clinical e-learning (e.g. medicines)
- •Clinical skills (e.g. wound care, palliative care, prescribing, moving/handling)
- •Workbooks/competencies (e.g. medicines, IV therapy, wound care, catheter, syringe drivers, flu vaccination)





Clinical Effectiveness: E.g. Pressure Ulcers

Halton Pressure Ulcer Quality Indicator Audit Results 2014 - 2015

| Tiation Flessure ofcer Quality indicator Adult Results 2014 - 2015 | | | | | |
|--|--------------------|--------|-------------------|--------|--|
| | Q1 - April to June | | Q2 - July to Sept | | |
| Audit Criteria | Number | Comp % | Number | Comp % | |
| Total number of pressure ulcers in quarter | 4 | 48 | | 35 | |
| | | | | | |
| Photographed at 1st Assessment or within 7 days | 41 | 100% | 24 | 89% | |
| Waterlow assessment conducted at first contact visit | 41 | 100% | 27 | 100% | |
| Waterlow assessment reviewed | 48 | 100% | 35 | 100% | |
| Has a MUST been completed | 48 | 100% | 35 | 100% | |
| Evidence of assessment by Specialist Practitioner | 48 | 100% | 35 | 100% | |
| Evidence of a weekly review by Specialist Practitioner | 48 | 100% | 35 | 100% | |
| Patient has current wound care plan | 45 | 94% | 34 | 97% | |
| Evidence of at least 4 weekly wound assessments | 48 | 100% | 35 | 100% | |
| Evidence of at least 4 weekly would assessificalts | 40 | 100% | 33 | 100 % | |
| Pressure ulcers showing no deterioration (Target = 95%) | 47 | 98% | 34 | 97% | |
| Pressure ulcer deteriorated | 1 | 2% | 1 | 3% | |





Governance:

CQC compliance declaration (quarterly)

•Compliant with all 21 outcomes apart from staffing which is partial compliance, action plan in place to address

Safer Staffing tool (quarterly)

•Amber for vacancy rate 9.6% and sickness rate 6.2%

HR key performance

- •PDR 91.57%
- Mandatory/Statutory training 92.77%
- •Safeguarding 96.77%



Patient Experience

- 'Talk to us'
- Census day
- Service satisfaction surveys
- PALs/Complaints
- Quality walk –rounds
- Governors/members
- Stakeholder feedback







Treatment Rooms

Staffing sickness levels, multiple sites and variable hours of delivery, not a resilient service impacting on District Nursing care at home

Out of Hours

Small number of staff, not resilient, scoping demand against capacity





Future developments

- Closer working with GPs to deliver the primary care strategy
- Integrated IT systems sharing information
- Remote technology
- Promote self management and support telehealth
- Redesign to ensure teams are effectively led, resilient and responsive to needs

