

Healthier Communities Select Committee			
Title	Improving District Nursing Services - Briefing		
Contributors	Alison Browne, Nurse Director, Lewisham Clinical Commissioning Group and Clair Champion, Director of Nursing & Clinical Services, Lewisham and Greenwich NHS Trust	Item	4
Class	Part 1 (open)	03 September 2014	

### 1. Purpose

The purpose of the briefing is to provide members of the Healthier Communities Select Committee with oversight of the joint work to date between Lewisham Clinical Commissioning Group and Lewisham and Greenwich Trust on improving the quality of District Nursing Services.

### 2. Recommendations

Members of the Healthier Communities Select Committee are recommended to note the findings of the district nursing audit and the progress made against the recommendations for improvement.

### 3. Background

District Nursing services in Lewisham have been provided by Lewisham and Greenwich Trust (LGT) since 2010.

District Nursing services are commissioned by NHS Lewisham CCG (LCCG) as part of the community contract with LGT. The contract is overseen by a sub group of the LGT Contract Management Board and Quality reports are received by the Clinical Quality Review Group (CQRG) on a monthly basis.

District Nursing services in Lewisham have largely remained untouched by previous reforms. However, a considerable amount of work has commenced to begin integrating community health services and social care services in line with the Health and Social Care Act 2012.

LCCG presented its vision for Community Based Nursing Care to its Governing Body, GP membership and to LGT in January 2014. The strategy identified a care continuum to deliver care across the 4 levels of complexity from domain 1 self-care to domain 4 complex care from the NHS Outcomes Framework (See section 8).

To further progress this work, commissioners needed to fully understand the capacity and capability of district nursing services and develop baseline information to support designing new service models for 2014/15, which will inform the strategic commissioning intentions of LCCG. In addition, concerns were being raised by GPs through Quality Alerts submitted to the CCG, about the district nursing workforce. In addition, other quality concerns were reported by the trust through its quality reports and staff raising concerns. The trust had already commenced addressing significant management challenges and some historic issues with the service – in tandem with

progressing the health and social care integration programme with Lewisham Borough Council.

In line with the Francis report 2013 and in the spirit of being open and working in partnership, an independent audit of District Nurses caseload and working practices was commissioned by the LCCG Nurse Director. The audit was conducted in February and March 2014, which was welcomed and supported by Lewisham and Greenwich NHS Trust.

The audit included 29 nurses and visits to over 200 patients and covered all shifts. The audit consisted of 3 components;

- I. An observational audit of district nursing practice
- II. A self-completed questionnaire for district nurses
- III. Semi-structured interviews with patients

#### **4. Results of the audit**

The auditors acknowledged that they observed some excellent practice in challenging community environments, however improvements were recommended across the following 3 themes;

1. Organisation and infrastructure of the service
2. Communication with patients
3. Culture and behaviour

The findings of the patient experience semi-structured interviews highlighted difficulties with the call centre and getting through to someone, being left on hold or messages not getting through to the nurses and with unreturned calls. They also raised poor communication as an issue as they never knew what time their nurse would be arriving, which is important even if someone is housebound.

However, overall patients were positive about the attitude and care given by the nurses in most cases and were very grateful for their care given to them in their homes if they were housebound.

#### **5. Remedial Improvement Plan**

Recommendations for improvements based around the 6 Cs (See section 8); Compassion; Care; Communication; Courage; Commitment; Competence were shared LGT.

All the recommendations were welcomed and supported by the trust and consequently a detailed improvement plan has been developed to address the immediate and longer term improvements required for delivery of the service. The improvement plan is monitored through a steering group, which meets monthly and reports to the Clinical Quality Review Group (CQRG) and the plan includes;

- Full service review: The Trust has embarked on a 12 month programme to improve the service with a plan for excellence over the next 3 years. However, changes have already commenced, which includes a strengthened management and clinical supervisory structure. An earlier start to the working day and caseload reviews. In addition, implementing improved management of the call

centre pending the delayed move to create a 'single point of access' at Laurence House.

- Nurse uniforms and kit bags have now been issued to all staff.
- A skill mix review is underway, supported by a training and education programme being developed in partnership with higher education providers.
- A competency framework has been developed.
- Multi-disciplinary team working is being developed as a part of the integration of health and social care.
- Referral pathway and timescale is in progress.
- HR programme will be developed.

## 6. Patient and Public Involvement

- Health Watch were commissioned to undertake the patient experience semi-structured questionnaires using a group of self-selecting patients who were visited as part of the audit.
- The results of the audit have been shared with the LCCG Public Engagement Group.
- A re-audit of patient views will be commissioned in early in 2015 following the delivery of the improvement plan.
- Integration of community services including district nursing services has been part of the Commissioning Intentions engagement plan to involve patients and the public in shaping the Lewisham CCGs 5 year Strategy 'A Local health Plan for Lewisham 2013 – 2018'.

## 7. Equalities and Diversity

An Equality Impact Assessment (EIA) was conducted by Public Health on Lewisham CCGs 5 year Strategy: 'A Local health Plan for Lewisham 2013 – 2018' (presented to the Healthier Communities Select Committee in September 2013). In order to ensure that Lewisham CCGs fulfils its commitment and duty to eliminate discrimination and promote equality – the Lewisham CCG's equalities objectives are embedded within the Commissioning Intentions.

## 8. References

*Compassion in Practice: Nursing, Midwifery and Care Staff – Our Vision and Strategy* (DH December 2012); The vision is based around six values - care, compassion, courage, communication, competence and commitment. The vision aims to embed these values, known as the Six C's, in all nursing, midwifery and care-giving settings throughout the NHS and social care to improve care for patients.

*NHS Outcomes Framework 2014/15* (DH December 2013); The framework provides a national overview of; (i) how well the NHS is performing; (ii) is the primary accountability mechanism, in conjunction with the Mandate, between the Secretary of State for Health and NHS England; and (iii) drives up quality throughout the NHS by encouraging a change in culture and behaviour focused on health outcomes not process. The 5 domains depicted below were developed in 2010 and are updated every year to ensure the most appropriate measures are included.

