

Agenda – Y Pwyllgor Iechyd, Gofal Cymdeithasol a Chwaraeon

Lleoliad: I gael rhagor o wybodaeth cysylltwch a:
Ystafell Bwyllgora 3 – Y Senedd Claire Morris
Dyddiad: Dydd Iau, 21 Mawrth 2019 Clerc y Pwyllgor
Amser: 09.15 0300 200 6355
Seneddlechyd@cynulliad.cymru

Rhag-gyfarfod anffurfiol (09.15 – 09.30)

- 1 **Cyflwyniad, ymddiheuriadau, dirprwyon a datgan buddiannau**
(09.30)
- 2 **Gwasanaethau nyrsio cymunedol a nyrsio ardal: Sesiwn dystiolaeth gyda Choleg Nyrsio Brenhinol Cymru**
(09.30 – 10.30) (Tudalennau 1 – 31)
Lisa Turnbull, Ymgynghorydd Polisi a Materion Cyhoeddus, Coleg Nyrsio Brenhinol Cymru
Sue Thomas, Ymgynghorydd Gofal Sylfaenol a Chymunedol, Coleg Nyrsio Brenhinol Cymru
Anwen Jenkins, Uwch Nyrs Ardal ac aelod o'r Cyngor Nyrsio Brenhinol

[Ymatebion i'r ymgynghoriad](#)

Briff Ymchwil

Papur 1: Coleg Nyrsio Brenhinol Cymru

Egwyl (10.30 – 10.45)



3 Gwasanaethau nyrsio cymunedol a nyrsio ardal: Sesiwn dystiolaeth gyda chynrychiolwyr Byrddau Iechyd Lleol

(10.45 – 11.45)

(Tudalennau 32 – 42)

Rhiannon Jones, Cyfarwyddwr Nyrsio, Bwrdd Iechyd Addysgu Powys

Lesley Lewis, Pennaeth Nyrsio, Gofal Sylfaenol ac Ardaloedd, Bwrdd Iechyd Prifysgol Cwm Taf

Jo Webber, Pennaeth Nyrsio ar gyfer yr Is-adran Gofal Sylfaenol a

Chymunedol, Bwrdd Iechyd Prifysgol Aneurin Bevan

Papur 2: Bwrdd Iechyd Addysgu Powys

Papur 3: Bwrdd Iechyd Prifysgol Cwm Taf

Papur 4: Bwrdd Iechyd Prifysgol Aneurin Bevan

Egwyl (11.45 – 12.30)

4 Gwasanaethau nyrsio cymunedol a nyrsio ardal: Sesiwn dystiolaeth gyda swyddogion Llywodraeth Cymru

(12.30 – 13.45)

(Tudalennau 43 – 51)

Dr Andrew Goodall, Cyfarwyddwr Cyffredinol ar gyfer Iechyd a Gwasanaethau Cymdeithasol/Prif Weithredwr GIG Cymru, Llywodraeth Cymru

Professor Jean White, Prif Swyddog Nyrsio a Chyfarwyddwr Nyrsio GIG Cymru, Llywodraeth Cymru

Paul Labourne, Swyddog Nyrsio, Gofal Sylfaenol ac Integredig, Llywodraeth Cymru

Papur 5: Llywodraeth Cymru

5 Cynnig o dan Reol Sefydlog 17.42 (vi) i benderfynu gwahardd y cyhoedd o weddill y cyfarfod hwn

(13.45)

6 Gwasanaethau nyrsio cymunedol a nyrsio ardal: Trafod y dystiolaeth

(13.45 -14.00)

Mae cyfyngiadau ar y ddogfen hon



Coleg Nyrsio Brenhinol
Cymru
Royal College of Nursing
Wales

Written Evidence of
Royal College of Nursing Wales to the
National Assembly for Wales
Health Social Care and Sport Committee
Inquiry into

Community and District Nursing
March 2019

Executive Summary

- Most Registered Nurses work in the community in a variety of roles and settings including public health. Adults and children with complex conditions receive care in the community as do those recovering from treatment or operations.
- The Welsh Government should set out a renewed vision for primary, community and social care including the role and value of community nursing.
- The Welsh Government should invest in supportive technology for Community Nursing. RCN Wales believes the use of hand-held devices with instant access to patient information should be standard across Wales.
- The Welsh Government, HEIW and NHS Wales should work together to increase the number of District Nurses in Wales
- The Welsh Government should extend the Nurse Staffing Levels (Wales) Act 2016 to community nursing services.
- The Welsh Government, HEIW and NHS Wales should work together to increase the number of Children's Nurses in community nursing

Introduction to Nursing in the Community

➤ **Most Registered Nurses work in the community in a variety of roles and settings including public health. Adults and children with complex conditions receive care in the community as do those recovering from treatment or operations.**

1. Contrary to the common and popular image of the nurse on the hospital ward most nurses work actually outside a hospital. Two thirds of the RCN's membership work in the community.

NHS Nurses working in the community could be District Nurses, learning disability nurses, community psychiatric nurses, specialist nurses, school nurses or a Health Visitor (Specialist Community Public Health Nurse). Practice Nurses and health care support workers working in GP surgeries form part of this collective nursing workforce in the community.

A third of RCN membership (half of those working in the community) work in the independent sector in the community e.g. for a hospice or a care home. These nurses and the care workers who are part of a nursing team also are part of this collective nursing workforce in the community.

2. Adults and children with complex conditions receive care in the community as do those recovering from treatment or operations. Some of our most vulnerable older people are supported 365 days of the year by community nursing delivering complex care and treatment packages at home.

Community nurses act as a valuable link between acute services, primary care and promote independent living. Nurses in the community specialise in many areas for example dementia, stroke, palliative care and Parkinson's disease and some have obtained additional qualifications to prescribe medications which ensure that older people receive a quality nursing service. Community nurses also signpost older people to appropriate third sector organisations for support befriending and advice.

Community Nurses have a holistic philosophy of care. Rather than focusing on a task –based approach (e.g. changing a dressing) it is about a range of caring 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 input¹.

In other words, DNs are the present and future solution to community- based health and social care.

A nursing presence in residential care for older people is essential for:

- Continuous monitoring and assessment of residents' health and wellbeing; recognising cues to problems, anticipating problems; acting to prevent problems developing; preventing deterioration
- Managing acute illness and emergencies; preventing crisis situations; preventing unnecessary hospitalisation.

Nurses promote residents' independence through safeguarding, proactive, rehabilitative care; promote residents' health and flourishing; deliver high quality palliative care and end of life care for individuals; play a key role in advocacy for residents and families. With the increasing complex care needs of people in nursing homes there is a need for greater communication, sharing of professional knowledge and support between Health Boards and independent care providers.

The role of and vision for Community Nursing

- **The Welsh Government should set out a renewed vision for primary, community and social care including the role and value of community nursing.**

3. Recent years have seen a transformation of NHS healthcare and population need. Our population is living longer and living longer with chronic and

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

complex conditions. For the last decade in Wales Health Boards have been reconfiguring acute hospital services, reducing bed numbers, encouraging shorter patients stays and enabling more complex treatments and care to be delivered at home. There is a renewed emphasis in Welsh Government policy on prevention and public health and an integration between health and social care.

The Royal College of Nursing is a strong supporter of these policy goals which, if implemented, will improve the experience of care for people and the efficiency of the healthcare system.

4. One of the unintended consequences of this policy shift however has been that 'social care' and 'primary care' are now the term most often used by decision-makers to describe care received outside a hospital. 'Primary care', is grouped and delivered through 64 clusters across Wales. 'Social care' is often used to mean any care delivered outside a hospital. There is a real danger that the contributions of nurses such as community and district nurses, but also groups such as occupational health nurses, school nurses and health visitors are becoming invisible to policy makers and undervalued.
5. The last Welsh Government Community Nursing Strategy was published in 2009 and rapidly superseded by the developments and cluster model of the Primary Care Strategy.
6. The CNO's guidance on District Nurses recommends that community nursing teams in Wales are structured on a cluster basis. However it is not clear if this is always the case in practice. There also is tremendous variation in how included community nursing teams are in cluster discussion, and vision. RCN Wales would like to see greater support from the Welsh Government for the development of non-medical leadership in clusters to broaden their vision.
7. The role of the Executive Nurse Director is community service design is limited and varied across Wales. Aligned community health services (e.g. continence, respiratory, diabetes, tissue viability, lymphedema, palliative and cancer services) are therefore run very differently across Wales. All of these affect the way district nursing teams work in each area and affects their caseload.

8. Regional Partnership Boards (RPBs) have been given a central role in progressing the integration agenda in Wales; 'A Healthier Wales' describes them as having a 'strong oversight and coordinating role' in delivering change. Given this central role, the RCN would like to see far greater transparency and scrutiny around the work of RPBs. 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.
9. A plethora of funding initiatives have resulted in a myriad of different specialist nursing teams based in the community. In many areas there will be teams that are integrated with local authority or not integrated, have rapid response within the DN teams or have separated service such as rapid response, Community resource teams, ACAT or frailty. Some teams have specialist chronic conditions leads, some lack any and some teams have access to community based specialists for chronic conditions and work in partnership with them.
10. 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:
 - 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 of our community nursing members tell us that they can no longer receive funding for proven successful mainstream work but only for unproven new schemes or '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.
 - Deskillng of 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 denude the community nursing team of the ability and confidence to deliver these skills. Community Nursing teams then can become

dependent on referrals to specialist teams undermining their ability to work flexibly at the level commensurate with need.

11. The current assessment system for Continuing Health care is placing a large burden on the most senior members of the community nursing team. Our members report up to a third of their time is occupied by repeated assessment to distinguish between health and social care needs and confirm this. The patient often gets caught up in this delay as the teams are overwhelmed with assessments that are time consuming.
12. RCN Wales is also calling for a national strategy to encourage student nurse placements in care homes, with practice nurses and in community teams to encourage the pursuit of community based nursing careers. However nurse mentors in community are finding that poor staffing levels and increased workload mean they are concerned about the education and placement experience that they are providing for nursing students in community.
13. Over all the RCN is receiving a picture from its members of a significant loss of resources and a constant devaluing of the skills and benefits received from a functioning community nursing service. The Royal College of Nursing believes the Welsh Government should set out a renewed vision for primary, community and social care including the role and value of community nursing. HEIW will launch a workforce strategy at the end of this year and the vision for the future of the service needs to be clear.

ICT Infrastructure, Documentation & Technology

- **The Welsh Government should invest in supportive technology for Community Nursing. RCN Wales believes the use of hand-held devices with instant access to patient information should be standard across Wales.**

14. The core role of the community nurse is to act as an intermediary between secondary, primary health care and also social services. It is particularly invidious therefore that community nursing has long-been at the back of the

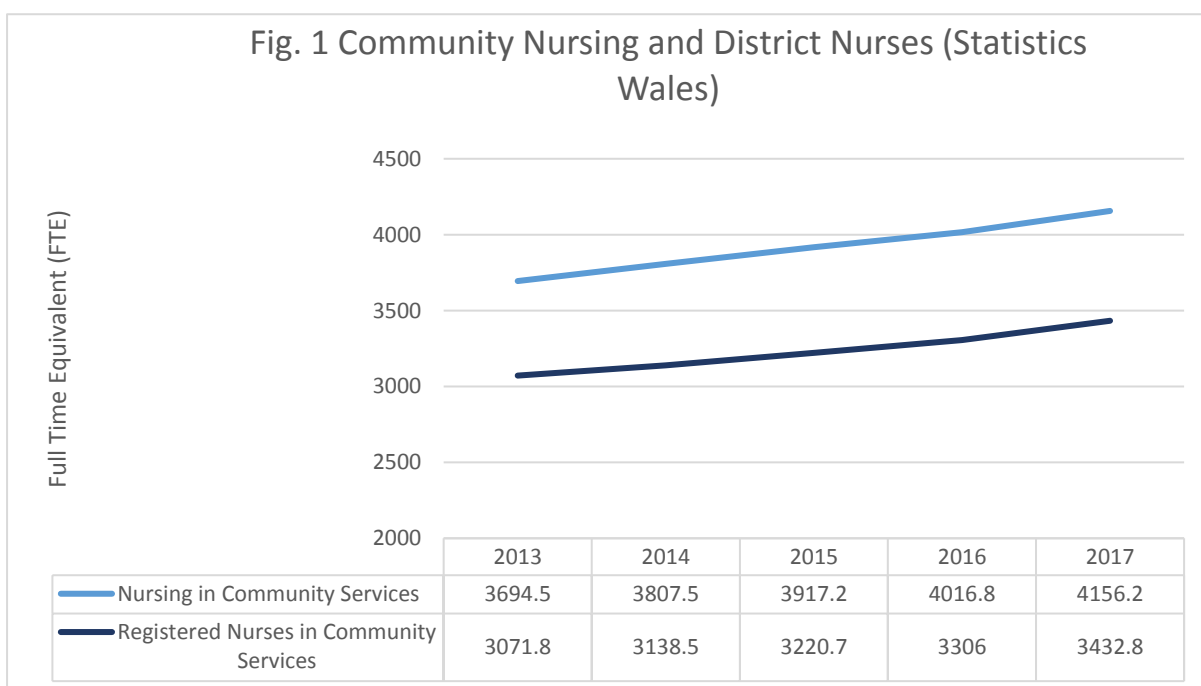
queue for investment in modern communications technology that can support and make their work more efficient.

Our members still report carrying large amounts of paperwork around and having to spend many hours updating records at the end of the day. A plethora of different recording methods are in use including handwritten, ipad , pc, phone. 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 hand-held devices with instant access to patient information should be standard across Wales.

15. In a world where the knowledge base is expanding and changing so rapidly, ICT and access to the right technology can give nurses 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.
16. 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 ICT systems will always require a high level of scrutiny, the NHS in Wales spends less than 2% of its funding on ICT – significantly less than the recommended figure of 4%. It is also essential that nurses are involved in the design of digital records and software systems to ensure their practicality in use.
17. There are many examples of good work happening in Wales in the field of eHealth and harnessing the latest technology. For instance, VR (virtual reality) and digital media (tablets, internet, etc.) are being used successfully with care home residents in a variety of ways. Digital Communities Wales has several examples of best practice on their website, including a case study on Woffington House Care Home in Tredegar. Here, the use of iPads combined with VR glasses, has allowed residents to revisit Aberystwyth in 1965 and experience roller coaster rides. The home has seen a 100% reduction in the use of anti-psychotic medications on an "as required" basis, as well as a reduction in falls and ambulance call outs.

The Community Nursing Workforce

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



18. The graph above (fig.1) shows the increase in the number of registered nurses and nursing staff working in the community over the last 5 years. The RCN believes this increase needs to continue and more information required before need can be properly assessed.

- We know that there is a growing number of older people and other vulnerable groups needing nursing at home.
- We know there is the rise in the number of people with long-term conditions requiring complex care and support at home.
- We know that Health Boards have reduced the number of acute beds available believing that care in the community will replace this.

19. However the number of people receiving (or requiring) care 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 level². How HEIW will address this is a matter of some concern for the RCN.

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

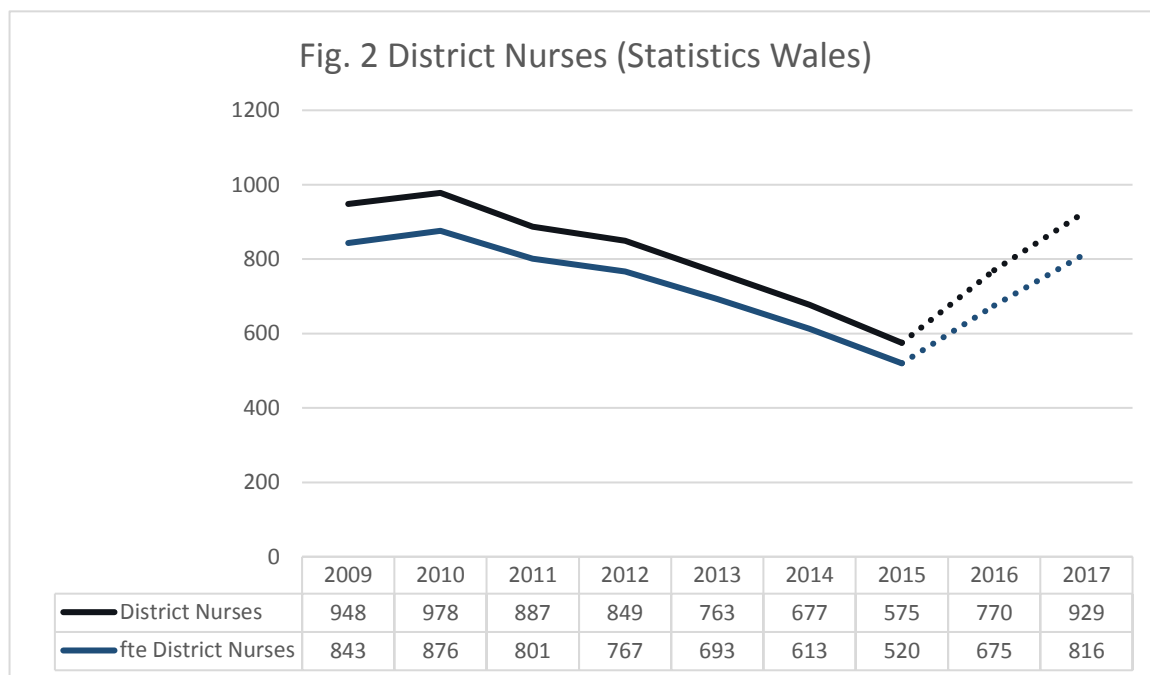
The RCN believes that the Welsh Government should improve nationally held activity and outcome information on nursing care in NHS community settings to improve workforce and service planning.

➤ **The Welsh Government, HEIW and NHS Wales should work together to increase the number of District Nurses in Wales**

20. The District Nurse is a title given to those with a Specialist Practitioner Qualification (SPQ). An SPQ is separately recordable on the Nursing and Midwifery Council register. It recognises a level of knowledge and practice that is highly skilled. It is a specialism in general community nursing. These nurses are the experienced pinnacle of a community nursing team providing clinical supervision and leadership to the registered nurses and health care support workers in the team.

² 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

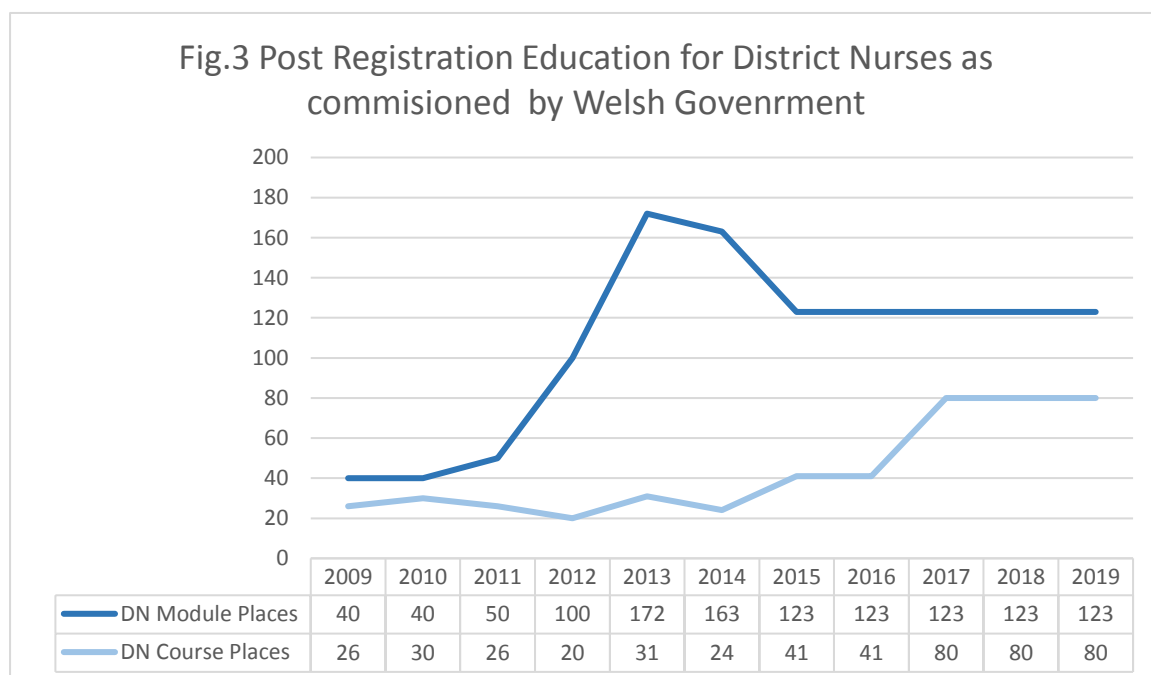
21. The position of the Royal College of Nursing is that ultimately the purpose of a qualification is to inform the public and employer of the standard of knowledge, practice and competence care they can expect to receive.
22. As well as the District Nurse qualification Registered Nurses can also undertake a post-registration (i.e. postgraduate) degree in community nursing. The RCN is calling for this to be a recognised and registered qualification. The Royal College of Nursing would expect a national framework to set out clearly the standard of knowledge, practice and competence and qualifications required for a senior leadership position in community nursing in Wales. An extension of the Advance Practice Framework for Nursing, Midwifery and Allied Health Professionals in the community may also be helpful.
23. A recent welcome development has been the publication by the Chief Nursing Officer of the “District Nurse Guiding Staffing Principles”. This makes a recommendation that all community nursing teams in Wales should be led (and deputised) by a District Nurse or by a nurse possessing a post-registration community nursing degree “aiming towards” supernummary status (i.e. allowing time to be spent on supervision or case management). The guidance also suggests least 15 hours administrative support for the team.
24. The Royal College of Nursing would welcome regularly published information on whether this standard has been achieved. We are aware from our members that this is not always the case. We are also aware of teams with no administrative support. In addition it is our view 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. There can be no dilution of the quality of care for patients.
25. The graph (fig. 2) below shows the decline in the numbers of District Nurses in Wales. This is alarming and should be of concern to the Welsh Government.



The information in fig.2 is published by Statistics Wales. Statistics Wales is supplied with this information by Health Boards.

The graph shows an apparent increase in District Nursing numbers from 2016. The RCN has used a dotted line for this increase as unfortunately this information is not reliable. Some Health Boards have incorrectly coded all nurses working in the community as District Nurses. While there has always been an element of accidental miscoding in the data the scale of the problem has become serious enough to destabilise this quality of this series as a whole.

Statistics Wales are aware of the problem and RCN Wales has been informed they will use additional information from the NMC register to correct these figures in March 2019.

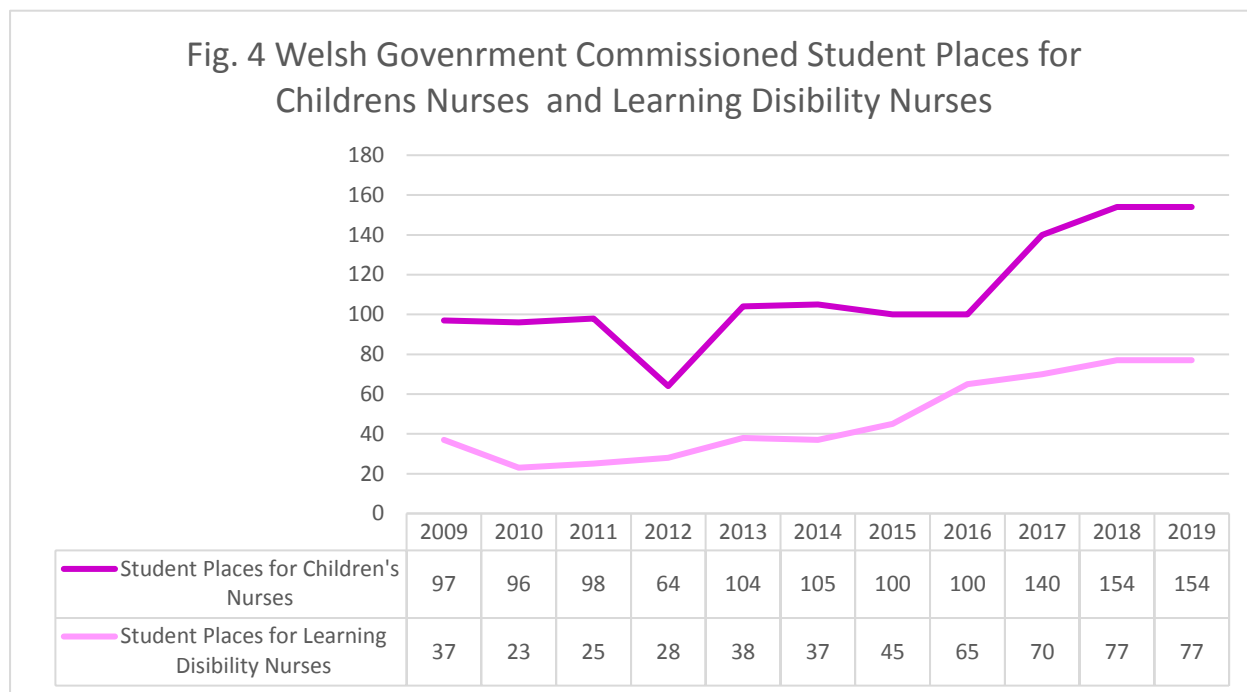


26. Education places for District Nursing are commissioned by the Welsh Government. Modules allow a flexible approach to learning. It can be seen from the graph above that the Welsh Government increased the number of education places commissioned in 2013 but this number has stabilised in recent years. Given the age profile of District Nurses and the increasing numbers of people being cared for in the community with complex conditions the Royal College of Nursing would argue there is a serious case to be made for increasing this provision.

➤ **The Welsh Government, HEIW and NHS Wales should work together to increase the number of Children’s Nurses in community nursing**

27. 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 & management, ventilation, BP monitoring, IV medication/ line management, enteral feeding support and palliative care are some of the services Childrens Nurses provide, along with vital education for other healthcare professionals and for carers and school staff. Learning

Disability Nurses are also in very short supply and are needed to support children and young people with challenging needs.



28. In 2017 and 2018 the Welsh Government increased the number of commissioned student places for Children’s Nursing but these figures remained static this year. As well as needing Children’s Nurses in the community here is also a sharp demand for Children’s Nurses in neonatal services– this means that the rise is by no means yet sufficient to meet need.

29. The RCN is calling for the Welsh Government to publish up to date figures showing the number of Childrens Nurses in the Community. HEIW should demonstrate how it is planning the workforce to meet need.

Extending the Nurse Staffing Levels (Wales) Act 2016 to the community

➤ **The Welsh Government should extend the Nurse Staffing Levels (Wales) Act 2016 to community nursing services.**

30. During the passage of the Nurse Staffing Levels (Wales) Act 2016 one of the areas much discussed in the Assembly Health, Social Care and Sport

Committee was why the Act could not be extended to the cover nursing in community settings.

31. The Welsh Government has committed to extending the Act to more care settings by the end of this assembly term and has taken steps forward in this field. The work stream looking at extension to the community has only recently been supported by the appointment of 2 year administrative support and a project lead. The Nursing Group established to oversee this work is currently looking at developing the Welsh Levels of Care Tool for use in the community. This would allow a consistent assessment of acuity and dependency in patients to allow for the consistent calculation of staffing need. There should be greater investment of support and a clear timeline of progress on this work.
32. It is the Royal College of Nursing belief that this work should be progress by the Welsh Government with a view to extending the Act by the end of this assembly term.

Annex A – RCN Nurse of the Year Community and District Nursing Winners

2018 Community Nursing Award Winner, and overall Nurse of the Year Winner: Eve Lightfoot, Community Infection Prevention Nurse, Hywel Dda University Health Board



EVE LIGHTFOOT

Eve became concerned that there was no teaching about sepsis or the early recognition of the deteriorating patient in the community, as these were perceived as 'secondary care' issues, so she started to raise awareness of the issue, and then commenced a research internship and undertook a research project. As a result a Community Situation, Background, Assessment, Recommendation template is being implemented; and National Early Warning Score, vital signs and SBAR are being incorporated into community nursing documentation and GP admission criteria. In addition a new out-of hospital Rapid Response to Acute Illness Learning Set group has been set up in HDUHB and there has been a standardisation of monitoring equipment and an increase in education provided to care homes and managers on sepsis recognition. Eve is passionate about this work,

never taking no for an answer and goes above and beyond what anyone would realistically expect, achieving significant change across care sectors and driving to improve patient safety and empower nurses.

2017 Community Nursing Award Winner: Paul Crank, Senior Nurse, District Nursing, Cwm Taf University Health Board

Paul has worked with his colleagues and teams to challenge ways of traditional thinking that have empowered and enabled teams to problem-solve in innovative ways. Paul has led the All Wales work in development of the acuity tool and testing of the principles on behalf of colleagues in Wales. His use of IT solutions to deliver care at home has been transformational and the work has been recognised as an exemplar for others. Through the creative utilisation of modern technology, he has engaged the nursing workforce to deliver responsive, outcome-focused care. Paul has demonstrated leadership, even in times of adversity, implementing learning and taking forward changes in practice on a wider scale, outside his own team and across the other healthcare organisations.



PAUL CRANK

2016 Community Nursing Award Winner: Jacqueline Jones, School Nurse, Hywel Dda University Health Board



Jacqueline developed a simple, yet unique way of engaging children in talking and opening up to professional help and advice in relation to their health and wellbeing by using items that they are familiar with as visual prompts to start conversations. The work is based on sound evidence and has been evaluated and reported on at a national level. Due to its simplicity, it could be effectively transferred across a range of settings and health and social care situations. Jacqueline’s passionate, highly motivated approach to her job and team was inspirational. Because of her developmental approach she has been thinking about ways to engage future generations and colleagues in healthcare and how to promote her idea across Wales and beyond.

2015 Community Nursing Award Winners: Ann Bamsey & Susan Grounds, Health Visitors, Powys Teaching Health Board

Ann and Susan recognised a need to support parent and infant relationships within their community. Together they facilitated ‘Little Dippers’ Aqua Tots group, a parent and baby swimming course which was an innovative project believed to help reduce postnatal anxiety and feelings of isolation for new mothers. The project went from strength-to-strength. Ann and Susan accessed grant monies which helped them to make the necessary changes to an unused area within their local community. They are now able to use this area to facilitate a form of gymnastic play. The peer support and friends gained from attendance has also encouraged parents to become involved in further health enhancing activities. Despite the pressures of austerity, Ann and Susan have sought out and secured funding which has enabled the sustainability of the core project. As well as this they have created a bilingual nursery rhyme book which accompanies and reinforces the songs that are sung throughout the water play. Ann and Susan have demonstrated the rich potential of the health visiting role in a project that combines family focused care, parent support and community development.



Ann Bamsey

*Flying Start
Health Visitor*

Susan Grounds

*Flying Start
Health Visitor*

Powys teaching Health Board

[REDACTED], Cadeirydd / Chair

[REDACTED], Y Prif Weithredwr /
Chief Executive



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd
Addysgu Powys
Powys Teaching
Health Board

Ref: CS/RJ/SJ

28 February 2019

Dr Dai Lloyd AM
Chair, Health, Social Care and Sport Committee
National Assembly for Wales
Cardiff Bay
Cardiff
CF99 1NA

Dear Dr Lloyd

Re: Community and District Nursing Services

Thank you for your letter of 8 February 2019 addressed to [REDACTED] Chief Executive, regarding Community and District Nursing Services. I have been asked to provide you with the information requested. Please find enclosed an excel spreadsheet detailing:

The number of district nurse-led community nursing teams
The skill mix (registered nurses and healthcare support workers) covering 2014 to date.

In terms of the vacancy rate for Registered Nurses across Powys Teaching Health Board, for all specialties, the number at the 31 January 2019 was 79.5 whole time equivalent (WTE).

If you require any further information, please do not hesitate to contact me.

Yours sincerely

[REDACTED]
[REDACTED]
Executive Director of Nursing
enc

Pencadlys
Tŷ Glasbury, Ysbyty Bronllys,
Aberhonddu, Powys LD3 0LU



Headquarters
Glasbury House, Bronllys Hospital
Brecon, Powys LD3 0LU



**Powys Teaching Health Board Community and District Nursing Services
Skill Mix 2014-2019**

District Nursing Team	Jan-14			Jan-15			Jan-16			Jan-17			Jan-18			Jan-19		
	RN's	HCSW	Total	RN's	HCSW	Total	RN's	HCSW	Total	RN's	HCSW	Total	RN's	HCSW	Total	RN's	HCSW	Total
District Nursing Ystradgynlais	8.09	4.00	12.09	8.91	4.00	12.91	8.91	3.20	12.11	9.51	5.27	14.77	9.71	4.27	13.97	9.1	4.3	13.3
District Nursing Brecon	8.40	0.80	9.20	6.60	0.00	6.60	8.20	1.30	9.50	8.04	1.60	9.64	8.56	1.00	9.56	9.0	1.8	10.8
District Nursing Crickhowell	6.05	0.80	6.85	5.88	0.80	6.68	5.88	0.50	6.38	5.17	0.99	6.17	6.08	1.56	7.64	6.2	1.6	7.7
District Nursing Haygarth	5.00	0.80	5.80	5.67	1.60	7.27	4.71	1.29	6.00	5.07	0.80	5.87	5.83	1.60	7.43	6.6	1.6	8.2
District Nursing Llandrindod & Rhayader	8.05	1.41	9.47	9.26	1.41	10.67	8.01	1.41	9.42	8.23	2.21	10.45	7.76	2.21	9.97	10.5	2.2	12.7
District Nursing & In Reach - Glan Irfon & Gwiltyn	11.34	4.20	15.54	12.25	5.40	17.65	10.31	6.40	16.71	8.91	5.82	14.73	10.03	6.40	16.43	9.9	6.4	16.4
District Nursing Knighton & Presteigne	6.11	1.12	7.23	6.91	1.52	8.43	7.51	1.92	9.43	4.91	2.45	7.36	6.91	2.45	9.36	7.7	2.0	9.7
District Nursing Llanidloes	4.60	0.80	5.40	4.60	0.80	5.40	3.60	0.80	4.40	3.60	0.80	4.40	4.60	0.80	5.40	4.6	0.8	5.4
District Nursing Machynlleth & Cemaes Rd	4.13	0.60	4.73	4.13	0.60	4.73	4.13	0.60	4.73	4.13	0.60	4.73	4.13	0.60	4.73	4.3	0.6	4.9
District Nursing Montgomery	4.80	0.80	5.60	5.60	0.80	6.40	4.80	0.80	5.60	5.00	0.80	5.80	4.20	0.80	5.00	5.3	0.8	6.1
District Nursing Newtown	5.45	0.91	6.36	5.60	0.91	6.51	5.40	0.91	6.31	7.49	0.91	8.40	5.71	0.91	6.61	6.5	0.9	7.4
District Nursing Welshpool	6.23	0.96	7.19	6.07	0.96	7.03	6.07	0.96	7.03	5.49	0.96	6.45	6.08	0.96	7.04	6.2	1.0	7.2
District Nursng Llanfair Caereinion	4.32	0.00	4.32	4.32	0.00	4.32	4.32	0.00	4.32	4.12	0.00	4.12	4.32	0.00	4.32	4.3	0.0	4.3
District Nursing Llanfyllin	5.69	0.93	6.63	5.59	0.93	6.52	4.73	0.93	5.67	5.75	0.93	6.68	5.75	0.93	6.68	5.7	0.9	6.7
District Nursing - North Evening Team	0.00	2.53	2.53	0.00	2.53	2.53	0.00	3.39	3.39	0.00	3.39	3.39	0.00	3.39	3.39	0.0	3.4	3.4
Grand Total	88.27	20.67	108.94	91.37	22.27	113.64	86.57	24.41	110.99	85.42	27.53	112.96	89.66	27.88	117.54	95.87	28.25	124.12

	Cwm Taf University Health Board response to the Health, Social Care and Sport Committee inquiry into community and district nursing services.
Contact	██████████, Director of Nursing, Midwifery and Patient Care. ██████████
Date:	25 th February 2019

Introduction

We welcome the opportunity to contribute to the Health, Social Care and Sport Committee Inquiry into community and district nursing from a Cwm Taf UHB.

Overview

Our District Nursing Service provides community nursing services to the 4 localities of Cwm Taf UHB – Cynon Locality, Merthyr Tydfil Locality, Rhondda Locality & Taff Ely Locality. Each team is GP attached and aligned to our Primary Care Clusters. The teams also work closely with Local Authority and 3rd sector partners.

In line with the Interim District Nursing Staffing Principles, each District Nursing team has an identified team leader holding a District Nursing Specialist Practitioner Qualification (SPQ) and at least one deputy team leader, also holding the SPQ.

Our team composition also includes Healthcare Support Workers and community staff nurses with a skill mix ratio of 80:20, (registered: unregistered) which is comparable to the skill mix across Wales.

Our Health Care Support Worker (HCSW) staff are band 3 and undertake a range of delegated duties from the registered workforce. Additionally, we are piloting a band 4 HCSW role as part of the Welsh Government Neighbourhood nursing pilot.

Additionally, we are piloting administrative support for 2 DN teams in the North Cynon cluster in line with the Neighbourhood Nursing pilot. The remainder of the DN teams do not have administrative support.

The UHB currently have a dedicated night service that links with Out of Hours and provides the service across the Cwm Taf footprint.

Terms of Reference

A detailed overview of the skill mix of our community nursing / District Nursing service is detailed in Table 1.

Table 1

Cluster Name or identifier	Team name	Funded establishment of registered nurses (WTE)	Funded establishment of Healthcare Support Workers (WTE)	Total Establishment
North Cynon	Hirwaun & Park	7.64	3.8	11.44
	St Johns	4.8	3.6	8.4
	Aberdare	9.92	2	11.92
South Cynon	Mountain Ash	6.39	1	7.39
	Abercynon	6.4	1	7.4
North Merthyr Tydfil	Merthyr Town	8.6	2.33	10.93
	Pontcae	6.3	1	7.3
South Merthyr Tydfil	Morlais	9.2	2	11.2
	Merthyr Valley	7.4	2	9.4
North Taf Ely	Eglwysbach	6.26	2.12	8.38
	Taff Vale	8.05	1.97	10.02
	Ashgrove	8.15	1.6	9.75
South Taf Ely	Parc Canol	9.38	1.6	10.98
	New Park	7.2	0.8	8
	Old School	6.85	1.65	8.5
North Rhondda	Tonypanydy	10	1.68	11.68
	Forestview	8.49	2.66	11.15
	Ystrad	4	0.75	4.75
South Rhondda	Ferndale	8.4	1.65	10.05
	Cwm Gwyrdd	8.09	1.24	9.33
	Porth	9.93	1.7	11.63
UHB wide	Nights	4.13	4	8.13
Health board totals	22 teams	165.58	42.15	207.73

	2019	2018	2017	2016	2015
Merthyr & Cynon	85.38 WTE	85.38 WTE	85.38 WTE	85.38 WTE	85.38 WTE
Rhondda & Taff Ely	122.35 WTE	122.35 WTE	122.35 WTE	122.35 WTE	122.35 WTE
Total	207.73 WTE	207.73 WTE	207.73 WTE	207.73 WTE	207.73 WTE

The UHB do not currently have any vacancies in respect of District Nursing and have recently recruited 8 additional community staff nurses and 8 HCSW to support the transformational model within the UHB which are additional posts, not included above.

These posts are intended to release district nursing time to support the development of the Enhanced Care model currently being considered by Welsh Government.

The UHB are currently participating in the Welsh Government pilot for Neighbourhood Nursing in a valleys, urban and rural setting.

The purpose of the pilots is to test a prototype model, for a comprehensive Neighbourhood District Nursing service. It builds on local and international evidence as informed the interim district nurse staffing principles, and supports the transformation required to reform our community nursing services.

The pilots of neighbourhood focused District Nursing team will be an integral part of the enhanced multi-disciplinary primary care team a person-centred, coordinated and prevention focused nursing service to a local community. These teams will take a public health approach, caring for a designated population, aligned within a cluster, promoting independence, safety, quality and experience with the ethos of home being the best and first place of care.

The quadruple aim quality improvement methodology will be used. There will be clear outcomes developed in partnership with patients and families based on “What matters to me”, linked to a robust evaluation and learning, to answer the question, ‘Can this work in Wales?’

The pilots will take into consideration the prudent healthcare approach and the policy for operating on the basis of multi - professional teams, while drawing on Buurtzorg principles and approach, this will be adapted to reflect key Welsh policies.

As such the pilots will be part of cluster development and implement the recently published interim district nurse staffing guiding principles and fully comply with the Welsh Audit Office District Nursing Service in Wales – A check list for Board Members.

The Cwm Taf UHB approach will focus on 2 Neighbourhood District Nursing Teams in North Cynon which will be an integral part of the enhanced multi-disciplinary Primary Care Team. This team will care for a designated population, aligned to GP Practices, promoting independence, safety, quality and experience with the ethos of home being the best and first place of care.

To do this the team will work in partnership with patients, carers and their families, General Practitioners, and other health and social care professionals as part of a wider multidisciplinary team. The team will build on our strong links with Local Authority partners in the delivery of social care.

Reviewing the international literature it is clear that Information Technology is the key enabler in supporting community district nursing teams. The Buurtzorg Model is underpinned by a sophisticated IT infrastructure, therefore, as part of the Cwm Taf UHB pilot we are testing an automated clinical scheduling of patient visits which is not linked to WCCIS.

Principles

- Person centred care - putting the person at the centre of holistic care, maximising opportunities for co-production and co-design of service delivery;
- Building relationships with people to make informed decisions about their own care, which promotes well-being and independence with active involvement of family, neighbours and the wider community, where appropriate;
- Everyone, including support functions, will facilitate person-centred care at the point of delivery;
- Small self-organising teams that are embedded in the enhanced multi-disciplinary team in primary care and GP aligned within a geographical location;
- Supportive management structures that enable professional autonomy.

Objectives

There are three main objectives:

1. To provide high quality person-centred care maximising independence;
2. To ensure staff enjoy their jobs and work to their full potential;
3. To ensure the effective use of all resources.

How will the Neighbourhood District Nursing Team transform care in the community?

The Neighbourhood District Nursing team will be the central and first place that patients, families and General Practitioners will go to, to access nursing care at home. This model will ensure sensitivity to the local population needs and maintain a focus on population health and well-being of a geographical/GP location (10,000 citizens) and work as part of the integrated primary care multi-disciplinary team.

The team will be supported to have an in depth understanding of the health needs of their population and the capacity to flex their resources to meet this need. As a result they will strengthen their public health role in the promotion of good health and well-being focusing on disease and injury prevention and healthy aging, and adopting the *Making Every Contact Count* approach. They will support people who have District Nursing care needs, long-term conditions, palliative and end-of-life care needs. This will be with a focus on remaining at home and ensuring that the fundamentals of care are provided in partnership. This model will support work on Anticipatory Care linked to the work on Patient Stratification and Segmentation of a practice population.

The team will work in different ways, and with different groups linking with Local Authority partners, community and voluntary organisations to promote independence and community cohesion.

As the core care team they will draw on the expertise of the enhanced primary care multi-disciplinary team, specialist nurses, and others when required. This will support the development of a strong therapeutic relationship between the Neighbourhood District Nursing Team, the patients and their family thereby reducing the numbers of staff entering a patient's home.

Conclusion

The UHB welcomes the opportunity to contribute to the inquiry into Community and District Nursing Services.



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Aneurin Bevan
University Health Board

Our Ref: MP/lb [REDACTED]

26 February 2019

[REDACTED]
Policy and Public Affairs manager
Welsh NHS Confederation

Dear [REDACTED]

Re: Community and District Nursing Services

Further to your email of 7 February regarding your request for us to provide a response/comments to the Terms of Reference. Please find below ABUHB's response:

How many District nurse-led community nursing teams are there in your Health Board area?

23 Teams

Information about the make-up of these teams i.e. numbers of staff and skill mix (Registered Nurses and Healthcare Support Workers)?

Please see attached accompanying spreadsheet.

An up-to-date position on the total number of nursing vacancies (registered nurses) within your Health Board.

14.9 wte vacancies District Nursing
330 wte – Health Board total

[REDACTED]

[REDACTED]



NHS
WALES
GIG
CYMRU

Bwrdd Iechyd Prifysgol Aneurin Bevan yw enw gweithredol Bwrdd Iechyd Lleol Prifysgol Aneurin Bevan
Aneurin Bevan University Health Board is the operational name of Aneurin Bevan University Local Health Board

		2013/2014				2019			
		Total budgeted WTE	Budgeted WTE for RGN	Budgeted WTE for HCSW	Skill mix	Total budgeted WTE	Budgeted WTE for RGN	Budgeted WTE for HCSW	Skill mix
Blaenau Gwent	BG East	N/a	N/a	N/a	N/a	23.27	20.67	2.60	89:11
	BG West	N/a	N/a	N/a	N/a	22.21	19.80	2.41	89:11
	Cwm	12.21	11.33	0.88	93:7	N/a	N/a	N/a	N/a
	Tredegar	9.27	8.40	0.87	91:9	N/a	N/a	N/a	N/a
	Abertillery	12.87	11.20	1.67	87:13	N/a	N/a	N/a	N/a
	Brynmawr	11.26	10.26	1.00	91:9	N/a	N/a	N/a	N/a
Torfaen	North 1	10.54	8.40	2.14	80:20	10.39	8.60	1.79	83:17
	North 2	9.51	8.03	1.48	84:16	14.41	11.93	2.48	83:17
	South 1	10.53	8.73	1.80	83:17	12.40	10.00	2.40	81:19
	South 2	10.13	8.13	2.00	80:20	12.44	10.07	2.37	81:19
	Central	8.60	6.80	1.80	79:21	N/a	N/a	N/a	N/a
Monmouthshire	Abergavenny	9.63	9.23	0.40	96:4	11.09	10.29	0.80	93:7
	Caldicot	10.30	9.70	0.60	94:6	8.99	8.00	0.99	89:11
	Monmouth	N/A	N/A	N/A	N/A	12.15	10.78	1.37	89:11
	Chepstow	8.96	7.56	1.40	84:16	8.99	7.87	1.12	88:12
	Usk/Raglan	8.37	8.37	0.00	100:0	5.50	4.70	0.80	85:15
Newport	Central East	12.52	11.52	1.00	92:8	14.24	13.24	1.00	93:7
	Central West	9.87	8.58	1.29	87:13	12.36	10.00	2.36	81:19
	North West	9.80	9.11	0.69	93:7	16.78	15.26	1.52	91:9
	North East	8.50	7.37	1.13	87:13	N/a	N/a	N/a	N/a

	South East	9.73	8.40	1.33	86:14	10.40	9.80	0.60	94:6
	South West	15.35	14.15	1.20	92:8	16.36	14.92	1.44	91:9
Caerphilly	Risca	11.51	10.45	1.06	91:9	11.85	10.31	1.54	87:13
	Denscombe	15.00	13.00	2.00	87:13	14.87	13.37	1.50	90:10
	Pontllanfraith	13.64	11.64	2.00	85:15	13.37	11.24	2.13	84:16
	Bargoed	13.40	12.40	1.00	93:7	11.90	10.40	1.50	87:13
	Rhymney	9.51	8.00	1.51	84:16	9.81	8.40	1.41	86:14
	Ty Bryn	8.60	7.00	1.60	81:19	10.62	8.95	1.67	84:16
	Ystrad Mynach	11.40	10.40	1.00	91:9	11.80	10.80	1.00	92:8
	Gwent Total	281.01	248.16	32.85	88:12	296.20	259.40	36.80	88:12

Tudalen y pecyn 42

Tystiolaeth gan Lywodraeth Cymru

CYNULLIAD CENEDLAETHOL CYMRU: Y Pwyllgor Iechyd, Gofal Cymdeithasol a Chwaraeon – Ymchwiliad i Nyrsio Cymunedol a Nyrsio Ardal.

Dyddiad: 21 Mawrth 2019

Lleoliad: Y Senedd, Cynulliad Cenedlaethol Cymru

Teitl: Dyfodol Nyrsio Cymunedol a Nyrsio Ardal

Diben: Darparu gwybodaeth ategol mewn perthynas â'r ymchwiliad i nyrsio cymunedol a nyrsio ardal a chynllunio ar gyfer y ddarpariaeth yn y dyfodol.

Cyflwyniad

Er mwyn gwireddu'r dyheadau strategol a nodir yn '*Cymru Iachach*' – sy'n rhoi pwyslais ar wella'r modd yr ydym yn atal clefydau ac yn ymyrryd yn gynnar, gyda newid i ddarparu gwasanaethau yn nes at adref – mae Llywodraeth Cymru yn cydnabod yr angen i harneisio arbenigedd yr holl weithwyr iechyd a gofal proffesiynol sy'n gweithio mewn cymunedau. Mae'r papur tystiolaeth hwn yn canolbwyntio'n bennaf ar nyrsys cymunedol a nyrsys ardal. Er hynny nodir y bydd llwyddiant i ddarparu gwasanaethau gwell ar gyfer poblogaeth Cymru yn unol â'n dull yn y *Model Gofal Sylfaenol i Gymru* yn galw am ddull mwy integredig gan wasanaethau cyhoeddus a sefydliadau'r trydydd sector, gyda gwaith gweithwyr iechyd a gofal proffesiynol yn cael ei gydlynu o amgylch olion traed clystyrau gofal sylfaenol ac yn canolbwyntio ar anghenion yr unigolyn.

Mae nyrsys yn cyflawni amrywiaeth eang o rolau yn y gymuned, a'u craidd yw'r gwasanaethau gofal corfforol a ddarperir gan dimau a arweinir gan nyrsys ardal. Mae'r amrywiaeth o rolau nyrsio cymunedol yn cynnwys: gwasanaethau nyrsio plant arbenigol, rheoli cyflyrau cronig, timau ymyrryd mewn argyfwng, gwasanaethau nyrsio seiciatrig cymunedol, nyrsio anabledau dysgu cymunedol a rolau nyrsio mewn meddygfeydd teulu. Ceir cyfle i nyrsys ddatblygu sgiliau gwell ac ymarfer uwch sy'n gynyddol yn golygu eu bod yn rheoli gofal am gleifion yn y gymuned. Mae eu rolau'n cael eu datblygu yn seiliedig ar Egwyddorion Iechyd a Gofal Darbodus a'r Nod Pedwarplyg.

Ceir enghreifftiau niferus o arferion arloesol o ran cynorthwyo pobl i fyw yn annibynnol a chael gofal gartref. Cafodd Enillydd Gwobr Nyrs y Flwyddyn (Cymru) y Coleg Nyrsio Brenhinol 2017, Louise Walby – hwylusydd nyrsio anadlol cymunedol ar gyfer rheoli clefydau rhwystrol cronig y llwybr anadlu yng nghymoedd De Cymru – gydnabyddiaeth am wella'n sylweddol y modd y caiff y clefyd ei ddiagnosisio yn gynnar a'i reoli yn y gymuned. Cafodd enillydd y wobr yn 2018, Eve Lightfoot, nyrs gymunedol rheoli heintiau, gydnabyddiaeth am ei gwaith ar sepsis yn y gymuned sy'n galluogi nyrsys ardal i adnabod dirywiad aciwt mewn cleifion a dechrau triniaeth yn gynnar.

(Er eglurder, mae diffiniadau o rai termau allweddol a ddefnyddir drwy'r papur hwn wedi'u cynnwys yn Atodiad 1.)

1. A oes gennym ddarlun clir o'r gweithlu nyrsio ardal a nyrsio cymunedol yng Nghymru, ac o faint yr angen sydd am wasanaethau nyrsio cymunedol (gan gynnwys yr angen a fydd yn y dyfodol). A oes gennym y sail dystiolaeth i ganiatáu i ni gynllunio'r gweithlu'n effeithiol?

Ystadegau'r gweithlu

Mae'r ystadegau cenedlaethol diweddaraf i gael eu cyhoeddi yn dangos bod 827 o nyrsys ardal cyfwerth ag amser llawn (y rhai â chymhwyster cofnodadwy) yn gweithio mewn byrddau iechyd yng Nghymru yn 2017. Fodd bynnag, rydym yn ymwybodol bod rhai materion o ran ansawdd yr wybodaeth hon, gan nad yw codau galwedigaethol o fewn y cofnod staff electronig yn cael eu defnyddio'n gyson ar draws yr holl fyrddau iechyd. Mae nifer o fyrddau iechyd wedi bod yn gweithio i wella ansawdd data i sicrhau bai dim ond y nyrsys hynny â'r cymhwyster perthnasol y mae'n eu cynnwys. Mae swyddogion Llywodraeth Cymru wedi codi hyn gyda Phrif Weithredwyr byrddau iechyd gyda cham gweithredu i wella cywirdeb yr wybodaeth am nyrsio ardal yn unol â llawlyfr codio galwedigaethau'r GIG.

Cyfarfu swyddogion (yng Ngwasanaethau'r Gweithlu a Datblygu Sefydliadol, Nyrsio a'r Gwasanaethau Gwybodaeth a Dadansoddi) â'r Coleg Nyrsio Brenhinol i drafod cynnydd o ran ansawdd data yn y maes hwn. I gefnogi tryloywder o ran ansawdd data, bydd gwybodaeth ychwanegol yn cael ei chyhoeddi eleni fel rhan o ystadegau staffio blynyddol y GIG a fydd yn dangos faint o'r nyrsys cymunedol sydd â Chymhwyster Ymarfer Arbenigol (SPQ) a gymeradwywyd gan y Cyngor Nyrsio a Bydwreigiaeth.

Rydym yn ymwybodol y bydd AaGIC yn darparu tystiolaeth fwy manwl ar ystadegau'r gweithlu cymunedol ar gyfer y pwyllgor fel rhan o'r ymchwiliad hwn.

Egwyddorion Staffio Gwasanaethau Nyrsys Ardal y Prif Swyddog Nyrsio

Ym mis Medi 2017, cyhoeddodd Prif Swyddog Nyrsio Cymru set o egwyddorion staffio interim i roi arweiniad i fyrddau iechyd ynghylch trefnu eu gwasanaethau nyrsys ardal a sicrhau eu bod wedi'u halinio â chlystyrau gofal sylfaenol. Cyn hyn, ni fu unrhyw arweiniad o ran pa ffactorau y dylid eu cymryd i ystyriaeth wrth gynllunio gwasanaethau nyrsio cymunedol a arweinir gan nyrsys ardal, sydd wedi arwain at amrywiad o ran y dull. Nod yr egwyddorion yn y pen draw yw lleihau'r amrywiad hwnnw a pharatoi'r lleoliadau nyrsys ardal yng Nghymru ar gyfer ehangu Deddf Lefelau Staff Nyrsio (Cymru) 2016 yn y pen draw. Hefyd, mae'r egwyddorion hyn yn rhoi cymorth i gynllunio gwasanaethau'n fanwl ar lefel byrddau iechyd, gan felly oleuo'r broses o roi'r Model Gofal Sylfaenol i Gymru ar waith.

Fel rhan o'u hadroddiadau chwemisol ar gydymffurfio â'r egwyddorion hyn ar gyfer Llywodraeth Cymru, mae'r byrddau iechyd yn cyflwyno data ar nifer y staff a gyllidir ac sydd yn eu swydd, a niferoedd y swyddi gwag o fewn y lleoliadau nyrsys ardal. Er ei bod yn hunangofnodedig, mae'r wybodaeth hon wedi rhoi dealltwriaeth werthfawr i ni am dirwedd y gweithlu nyrsys ardal mewn lefel o fanylder nad ydym yn meddu arni ar gyfer lleoliadau nyrsys eraill. Gan bod y data hwn yn cael ei gyflwyno'n uniongyrchol gan y timau clwstwr, nid yw'r materion o ran codio galwedigaethau sy'n effeithio ar ddata Stats Cymru fel a grybwyllwyd uchod yn effeithio arnynt. Mae'r data ynghylch sefydliadau staff a swyddi gwag nyrsys yn goleuo'r Cynlluniau Tymor Canolig Integredig ac yn helpu i bennu comisiynau addysg yn y dyfodol. Felly er y bydd rhai materion gyda'r set ddata genedlaethol mae digon o wybodaeth i alluogi gwaith cadarn o ran cynllunio'r gweithlu i ddigwydd mewn perthynas â'r gwasanaethau craidd a arweinir gan nyrsys ardal.

Mae'r trydydd datganiad gan fyrddau iechyd i fod i gael ei gyflwyno fis Mawrth yma, gan ychwanegu gwybodaeth werthfawr bellach at y gronfa ddata sy'n tyfu, gan roi golwg glir i ni ar y gweithlu nyrsys ardal i oleuo ein gwaith cynllunio ar gyfer y dyfodol.

Ehangu Deddf Lefelau Staff Nyrsio (Cymru) 2016

Ym mis Chwefror 2016, pasiodd y Cynulliad Cymru Fil Lefelau Staff Nyrsio (Cymru), gan olygu mai Cymru oedd y wlad gyntaf yn Ewrop i ddeddfu ar lefelau staff nyrsio. Daeth y Ddeddf i rym yn llawn ym mis Ebrill 2018, gan osod dyletswydd ar fyrddau iechyd i gyfrifo lefelau staffio priodol – mewn wardiau meddygol a llawfeddygol aciwt oedolion – gan ddefnyddio dull penodedig sy'n seiliedig ar driongli a chymryd pob cam rhesymol i gynnal y lefelau hynny.

Mae'r Llywodraeth yn dal i fod yn ymrwymedig i ehangu'r Ddeddf i leoliadau ychwanegol erbyn diwedd tymor y Cynulliad hwn. Mae un o'r ffrydiau gwaith i ddatblygu'r offer angenrheidiol i'w gwneud yn bosibl ehangu'r Ddeddf yn y lleoliad nyrsys ardal, ac ym mis Rhagfyr 2018 cytunodd y Gweinidog Iechyd a Gwasanaethau Cymdeithasol i gyllido arweinydd prosiect arbenigol i gyflymu'r gwaith hwnnw. Dros y ddwy flynedd nesaf bydd y ffrwd waith honno'n datblygu'r offeryn seiliedig-ar-dystiolaeth i gynllunio'r gweithlu sy'n angenrheidiol i ehangu'r ddeddfwriaeth a chyflawni'r cyfrifiad sy'n seiliedig ar driongli, a bydd hefyd yn sail i gynllunio'r gweithlu nyrsys ardal yng Nghymru yn y tymor hir.

Sefydlu Addysg a Gwella Iechyd Cymru

Mae ehangu'r Ddeddf yn debygol o olygu bod angen nyrsys ardal ychwanegol, ac rydym yn ymwybodol o'n cyfrifoldeb i sicrhau ein bod yn cydgysylltu'n gwaith strategol ar lefel genedlaethol i gynhyrchu cyflenwad cynaliadwy o staff nyrsio ar gyfer y dyfodol, gan ddenu nyrsys i weithio yng Nghymru a cheisio ffyrdd o gadw'r staff nyrsio sydd gennym yn y systemau iechyd a gofal cymdeithasol.

Rydym mewn sefyllfa well nag erioed i gyflawni hyn a ninnau wedi sefydlu Addysg a Gwella Iechyd Cymru (AaGIC) ym mis Hydref 2018. Trwy uno Deoniaeth Cymru, Gwasanaethau Addysg a Datblygu'r Gweithlu (GADG) GIG Cymru, a Chanolfan Cymru ar gyfer Addysg Broffesiynol Fferylliaeth (CCABFf), Mae AaGIC yn sicrhau bod pobl a gweithwyr gofal iechyd proffesiynol Cymru yn cael budd o ddull cydlynus, cyson o ddarparu addysg a hyfforddiant, ac o foderneiddio a chynllunio'r gweithlu. Un o amcanion allweddol AaGIC yw defnyddio dull mwy strategol o gynllunio'r gweithlu yn y dyfodol ac o alinio'r cydrannau y mae eu hangen i'w gyflawni, a byddwn yn gweithio mewn partneriaeth agos gydag AaGIG i gyflawni hyn. Mae'r sefydliad eisoes wedi cael ei gynnwys gan Raglen Staff Nyrsio Cymru Gyfan i sicrhau bod goblygiadau'r Ddeddf yn cael eu cynnwys yn eu gwaith cynllunio.

Ar ben hyn, rydym yn parhau i gynyddu lefel y buddsoddiad yng ngweithlu GIG Cymru yn y dyfodol. Ar 29 Tachwedd 2018, cyhoeddodd y Gweinidog y bydd £114m yn cael ei fuddsoddi yn 2019/20, sy'n gynydd o £7m yn y cyllid sydd ar gael yn 2018/19 i gefnogi ystod o raglenni addysg a hyfforddiant ar gyfer gweithwyr gofal iechyd proffesiynol yng Nghymru. Ers 2014, mae lleoedd hyfforddiant nyrsio wedi cynyddu 68%, ac yn benodol ym maes nyrsys ardal maent wedi cynyddu 233%. Rydym yn ymwybodol y bydd AaGIC yn darparu tystiolaeth fanylach ar hyn ar gyfer y pyllgor fel rhan o'r ymchwiliad hwn.

Datblygu'r gweithlu

Ceir tystiolaeth bod asesu anghenion iechyd a llesiant y boblogaeth a chynllunio gwasanaethau a'r gweithlu sy'n angenrheidiol i ddiwallu'r anghenion hynny yn fwyaf

effeithiol pan gânt eu gwneud ar lefel leol iawn o 25,000 i 100,000 o bobl. Dyma pam ein bod wedi sefydlu 64 o glystyrau gofal sylfaenol ledled Cymru fel mecanweithiau ar gyfer cynllunio amlasiantaeth, amlbroffesiwn, gan wneud defnydd effeithiol o wybodaeth leol am anghenion unigolion, teuluoedd a chymunedau. Mae gan nyrsys cymunedol rôl hollbwysig o ran deall anghenion ac amgylchiadau lleol a chyfranogi'n weithredol yn y broses o gynllunio gwasanaethau a'r gweithlu ar lefel clystyrau. Mae'r Model Gofal Sylfaenol i Gymru'n seiliedig ar weithio'n effeithiol mewn clystyrau.

Mae'r Rhaglen Strategol ar gyfer Gofal Sylfaenol a sefydlwyd yn ddiweddar yn cynnwys ffrwd waith ar gyfer y gweithlu a Datblygu Sefydliadol. Mae'r ffrwd waith hon yn datblygu offeryn cenedlaethol i glystyrau ei ddefnyddio i gynllunio'r gweithlu y mae ei angen arnynt, gan gynnwys nyrsys cymunedol, i ddiwallu anghenion asesedig poblogaeth eu clwstwr.

Y Compact gyda Phlaid Cymru

Fel rhan o drafodaethau'r gyllideb yn 2017 gyda Phlaid Cymru, dyrannwyd £4m dros 2018/19 a 2019/20 - £1.2m i gyllido cynllun peilot ar gyfer Model Nyrsys Ardal seiliedig ar Gymdogaethau yng Nghymru (rhagor o fanylion isod), a £2.8m i hyfforddi 80 o nyrsys ardal yn ychwanegol. Gwyddom o wybodaeth a ddelir gan AaGIC fod nifer o nyrsys sy'n gweithio yn y GIG sydd â nifer fach o fodiwlau nad ydynt wedi'u cwblhau eto er mwyn iddynt ennill eu Cymhwyster SPQ yn llwyddiannus a dod yn Nyrsys Ardal cymwysedig. Rydym wedi dod i'r casgliad y byddai buddsoddi yn y llwybr cymhwyster hwn yn galluogi nifer fwy o nyrsys ardal i fod ar gael i'r system gofal iechyd yng Nghymru yn gynharach nag a fyddai'n bosibl fel arall. Fel y corff comisiynu yng Nghymru, AaGIC sy'n arwain y gwaith hwn.

2. A oes strategaeth glir, yn genedlaethol ac yn lleol, i bennu trywydd y gwasanaethau nyrsio cymunedol dan arweiniad nyrsys bro. I ba raddau y mae hyn yn cyd-fynd â'r gwaith o ddatblygu gofal sylfaenol ar sail model y clwstwr er enghraifft, ac yn cyd-fynd hefyd â'r weledigaeth ar gyfer gwasanaethau iechyd a gofal a nodir yn Cymru lachach.

Mae 'Cymru lachach' yn nodi gweledigaeth eglur ar gyfer iechyd a gofal cymdeithasol yng Nghymru, gan bwysleisio atal ac ymyrryd yn gynnar a newid i ddarparu gwasanaethau yn agos at ble y mae pobl yn byw. Mae'r ffocws hwn ar roi gofal cymunedol mwy lleol a chynorthwyo pobl i gynnal eu hiechyd a'u lles eu hunain yn adeiladu ar y polisïau a'r dulliau blaenorol i ddatblygu gofal a chymorth di-dor, ataliol yn, neu yn agos at, y cartref.

Mae'r Model Gofal Sylfaenol i Gymru yn disgrifio'r angen i weithio gyda'r boblogaeth i roi gwybodaeth a chymorth i bobl fel eu bod yn deall sut i gadw'n iach, gan ragweld anghenion iechyd pobl a'u cyfeirio at y ffynhonnell fwyaf priodol ar gyfer gofal a chymorth. Mae dyluniad gwasanaethau yn addas i gefnogi'r 64 o glystyrau gofal sylfaenol ac i greu darpariaeth ar sail anghenion poblogaethau lleol bychain. Mae'r model hwn wrthi'n cael ei fabwysiadu a'i addasu ar lefel leol gydag enghreifftiau amrywiol o ffyrdd newydd o weithio. Mae'r Gronfa Gofal Sylfaenol genedlaethol wedi buddsoddi yng nghapasiti a galluedd y gweithlu lleol amlbroffesiwn, gan gynnwys rolau nyrsys cymunedol i gefnogi pobl â chyflyrau cronig. Mae'r Gronfa Gofal Integredig wedi cefnogi modelau gwasanaethau lleol sydd wedi'u bwriadu i atal pobl rhag cael eu derbyn yn ddiangen i'r ysbyty ac i ddod â hwy adref o'r ysbyty pan ydynt yn ddigon iach.

Fel a nodwyd yn flaenorol yn y papur tystiolaeth hwn datblygiad timau cymunedol lleol sy'n allweddol i greu'r newid mewn canlyniadau yr ydym yn dymuno'i weld. Gan mai nyrsys cymunedol a nyrsys ardal yw'r rhan fwyaf o'r gweithlu, mae'n anorod y bydd ganddynt rôl hanfodol yn y gwaith hwn i drawsnewid y dull gyda disgwyliad y byddant yn gwella'u sgiliau ac yn ysgwyddo mwy o rôl arweiniol wrth roi gofal. Er enghraifft, mae Bwrdd Iechyd Prifysgol Betsi Cadwaladr yn profi sut y gellir gwella datblygiad arweinwyr timau nyrsys ardal â sgiliau ychwanegol mewn diagnosis a rhagnodi. Mae dau arweinydd tîm nyrsys ardal â'r sgiliau hyn yn cefnogi practis meddyg teulu a reolir, yn gweld cleifion ac yn rhoi gofal dilynol i'r cleifion hyn ac yn defnyddio'r sgiliau hyn yn eu rôl fel arweinwyr tîm.

Mae'r Gronfa Trawsnewid a sefydlwyd yn ddiweddar yn amlygu'r ymrwymadau strategol hynny. Nod y buddsoddiad pwysig hwn mewn gofal cymunedol yw cyflymu'r broses o fabwysiadu modelau iechyd a gofal cymdeithasol newydd a'u tyfu yn unol â'r anghenion a hynny wedi'i alinio'n uniongyrchol â'r nodau yr ydym wedi'u nodi yn *Cymru Iachach* ac yn gyson â'n dull yn y Model Gofal Sylfaenol i Gymru. Bydd y Gronfa yn darparu hyd at £100m o gyllid dros y ddwy flynedd ariannol 2018-19 a 2019-20. O'r cynigion am brosiectau sy'n werth £32m sydd wedi bod yn llwyddiannus hyd yma, ceir ffocws trosfwaol clir ar roi gofal yn y gymuned trwy dimau amlddisgyblaeth gwirioneddol integredig lle bydd gan nyrsys cymunedol rôl hanfodol.

Mae egwyddorion staffio'r Prif Swyddog Nyrsio a grybwyllwyd eisoes yn y papur hwn yn disgrifio dull eglur unwaith-i-Gymru o ran sut y dylid trefnu timau nyrsio ardal. Cafodd yr egwyddorion hyn eu datblygu o adolygiad helaeth o lenyddiaeth ysgrifenedig ac ymarfer i archwilio modelau sydd ar gael mewn gwledydd eraill. Mae tystiolaeth yn dynodi bod gofal a chanlyniadau cleifion yn cael eu gwella gan dimau llai (o ryw 15 aelod o staff sy'n cynnwys 11 o staff Cyfwerth ag Amser Llawn, yn canolbwyntio ar gymdogaeth o ryw 5000 o bobl) sy'n sicrhau bod y strwythurau staffio, arwain ac addysg yn hybu parhad o ran y gofal ac yn grymuso staff. Mae'r egwyddorion canlyniadol yng Nghymru bellach yn cynnwys: y dylai timau nyrsys ardal fod wedi'u halinio â ffiniau clystyrau gofal sylfaenol; y dylai timau fod â nyrs ardal arweiniol a dirprwy nyrs ardal arweiniol sy'n meddu ar y Cymhwyster Ymarfer Arbenigol addas; y dylai'r cymysgedd sgiliau mewn timau fod yn Nyrsys Cofrestredig yn bennaf; y dylid cynnwys codiad o 26.9% yn sefydliadau'r timau i ddarparu ar gyfer pethau megis gwyliau blynyddol a hyfforddiant gorfodol blynyddol; ac y dylai pob tîm fod â mynediad at o leiaf 15 awr o gymorth gweinyddol yr wythnos.

Yn y ddau ddatganiad data ers iddynt gael eu cyhoeddi, rydym eisoes wedi gweld cynnydd o ran cydymffurfio â'r egwyddorion. Mae'r gyfradd cydymffurfio ar draws y system eisoes yn uchel iawn gyda chyfradd cydymffurfio o 75% ar gyfer saith o'r naw egwyddor a brofwyd. Rydym yn disgwyl i'r trydydd datganiad data y mis nesaf ddangos cynnydd pellach o ran cydymffurfio, gan ddynodi'r cyfeiriad cenedlaethol clir a roddwyd i'n timau nyrsys ardal.

Cynlluniau Peilot y Model Nyrsys Ardal seiliedig ar Gymdogaethau yng Nghymru
Fel rhan o drafodaethau cyllideb 2017 gyda Phlaid Cymru, dyrannwyd £1.2m dros y blynyddoedd 2018/10 – 2019/20 i gyllido cynllun peilot ar gyfer Model Nyrsys Ardal seiliedig ar Gymdogaethau yng Nghymru sy'n seiliedig ar fodel Buurtzorg o'r Iseldiroedd. Mae'r cynllun peilot yn cael ei gynnal mewn tri lleoliad: lleoliad trefol ym Mwrdd Iechyd Prifysgol Aneurin Bevan (BIPAB), lleoliad gwledig ym Mhowys; a lleoliad yn y Cymoedd ym Mwrdd Iechyd Prifysgol Cwm Taf (BIPCT). Mae'r gwaith cynllunio ar gyfer y cynlluniau peilot wedi cael ei arwain yn fwriadol gan y Nodau Pedwarplyg, egwyddorion gofal iechyd darbodus a'r 10 egwyddor dylunio yn *Cymru Iachach*.

Mae egwyddorion staffio'r Prif Swyddog Nyrsio interim eisoes yn llywio timau nyrsys ardal tuag at ymarfer sy'n gydnaws â'r model Buurtzorg; fodd bynnag, mae angen rhagor o waith i roi ffocws holistaidd, sy'n canolbwyntio ar bobl i dimau nyrsys ardal, sy'n hybu hunangymorth ac annibyniaeth, gofal yn nes at adref a symudiad i ffwrdd oddi wrth wasanaeth sy'n seiliedig ar dasgau. Bydd hefyd yn hollbwysig bod y model yn cael ei addasu a'i ddatblygu'n benodol ar gyfer y system yng Nghymru, yn hytrach na chymryd yn ganiataol y gall y model Buurtzorg gael ei gymhwyso i'n GIG yn ei gyfanrwydd.

Erbyn y gwanwyn 2020, byddem yn disgwyl gwerthusiad o'r timau prototeip o fewn y cynlluniau peilot i ddangos sut y gellir darparu nyrsio ardal gymdogaeth ledled Cymru.

3. I ba raddau y gall timau nyrsio cymunedol weithio'n effeithiol gydag amrywiaeth o weithwyr proffesiynol ac asiantaethau (gan gynnwys gwasanaethau gofal sylfaenol ac eilaidd, gwasanaethau gofal cymdeithasol, a'r sector gwirfoddol) i ddarparu gofal di-dor, sy'n canolbwyntio ar y person.

Gyda chyfeiriad strategol clir o ran atal derbyniadau i ysbytai, atal dirywiad a rhoi cymaint o ofal gartref â phosibl, rydym yn ymwybodol mai'r modd i gyrraedd y nodau hynny fydd timau cymunedol amlddisgyblaeth, di-dor sy'n rhyngweithio'n esmwyth â'r adrannau amrywiol yn y gwasanaeth iechyd a gofal.

Rhannu data mewn modd integredig

Y gallu i rannu data cleifion yn ddiogel rhwng gwahanol dimau sy'n rhan o'r drefn fydd yr un ffactor mwyaf hanfodol i roi gofal amlddisgyblaeth sy'n wirioneddol integredig. Cydnabuwyd hyn yn Cymru Iachach, sy'n cynnwys ymrwymiad gan Lywodraeth Cymru i gyflymu'r broses o gyflwyno System Wybodaeth Gofal Cymunedol Cymru (WCCIS) ledled y wlad.

Mae WCCIS wedi cael ei datblygu fel un system a chofnod gofal electronig cyffredin i'w gwneud yn bosibl i ystod o weithwyr iechyd a gofal proffesiynol gael mynediad cyflymach a rhwyddach at wybodaeth berthnasol am gleifion, ac i ddangos yn glir beth yw sefyllfa gyfredol y claf ar ei lwybr triniaeth a beth oedd ei bwynt cyswllt diwethaf â'r gwasanaeth. Gydag WCCIS, bydd staff rheng-flaen o fyrddau iechyd, awdurdodau lleol, gwasanaethau gofal cymdeithasol, iechyd meddwl ac iechyd cymunedol oll yn gallu cael mynediad at wybodaeth a'i chofnodi gan ddefnyddio dyfeisiau symudol megis llechi a ffonau clyfar.

Mae'r system yn fyw mewn 13 o sefydliadau ar hyn o bryd, sy'n cynnwys Bwrdd Iechyd Addysgu Powys a 12 o awdurdodau lleol. Mae gorchmynion rhoi ar waith yn eu lle ar gyfer BIP Betsi Cadwaladr a BIP Aneurin Bevan. Er mai penderfyniad i sefydliadau unigol yw rhoi'r system ar waith yn lleol, mae *Cymru Iachach* yn nodi cam gweithredu penodol i gyflymu'r broses o gyflwyno WCCIS ledled Cymru.

Lle mae WCCIS wedi cael ei rhoi ar waith, hysbyswyd fod manteision i'w cael ar unwaith. Mae ymarferwyr rheng-flaen yn arbennig wedi bod yn gadarnhaol ynglŷn â pha mor rwydd yw'r system i'w defnyddio, cymaint yn well yw hygyrchedd gwybodaeth a'r gallu i archwilio mynediad at gofnodion. Mae amser teithio staff wedi cael ei leihau hefyd, gan olygu bod mwy o amser yn cael ei dreulio gyda chleientiaid a chleifion yn y gymuned. Mae cam nesaf y broses o roi'r system ar waith wedi'i fwriadu i sicrhau: bod y system yn ateb y gofynion swyddogaethol, gan gyflymu cyfradd derbyn y datrysiad ymhlith byrddau iechyd; bod rhyngwynebau cenedlaethol

yn cael eu datblygu i gefnogi cofnod iechyd a gofal cymdeithasol cwbl integredig; a bod iaith system gyffredin yn cael ei datblygu i roi cymorth i rannu gwybodaeth yn ddiogel a'i gwneud yn bosibl adrodd yn ystyrlon ar y modd y darperir gwasanaethau.

Profion a gyllidir gan Lywodraeth Cymru ar fodelau newydd

Dros y blynyddoedd diwethaf, mae Llywodraeth Cymru wedi rhoi cymorth ariannol sylweddol i gyllido datblygiad a phrofion ar ffyrdd newydd o weithio yn y gwasanaeth iechyd a gofal, gyda llawr o brosiectau patrymol yn canolbwyntio ar ofalu am bobl mor agos at adref â phosibl.

Mae'r Gronfa Effeithlonrwydd Trwy Dechnoleg (CETD) yn cefnogi prosiectau peilot arloesol sy'n adnabod aneffeithlonrwydd mewn ymarfer ac yn mynd i'r afael â hwy â datrysiadau technolegol i wella canlyniadau i gleifion. Mae'r prosiect Addysg Ar Lawr Gwlad, sy'n canolbwyntio ar drin lymffoedema cronig (sy'n gyfrifol am gyfran fawr o lwyth gwaith nyrs ardal) yn defnyddio ffonau clyfar a llechi hollbresennol cleifion i ledaenu presgripsiynau fideo ar destunau sy'n cynnwys mesurau ataliol a hunanreoli, gofal am y croen a chlwyfau a sut i ddefnyddio dillad cywasgu'n gywir. Mae'r prosiect hefyd yn cynnwys darparu "Addysg Ar Lawr Gwlad" trwy fideogynadledau Microsoft, gan olygu bod cleifion lymffoedema cronig yn gallu cael sgysiau ymgynghorol ynglŷn â'u gofal yn eu cartrefi eu hunain. Dangosodd gwerthusiad o'r prosiect fod y ffordd newydd hon o weithio'n lleihau nifer yr ymweliadau gan nyrsys cymunedol gan ganiatáu amser yn ôl i roi gofal. Fe wnaeth cysylltiadau â meddygon teulu, derbyniadau i ysbytai, episodau llid yr isgroen a chostau rhwymau oll ostwng hefyd.

Fe wnaeth y Gronfa Effeithlonrwydd Trwy Dechnoleg a'i rhagflaenydd – y Gronfa Technoleg Iechyd a Theleiechyd (GTIaTh) fuddsoddi £470,000 yng Nghwm Taf a £2m yn PIBM i gyflwyno dyfeisiau symudol i nyrsys cymunedol. Mae'r ardaloedd hyn wedi dangos sut y bydd technoleg symudol yn ganolog i waith nyrsys ardal yn y dyfodol, gan ei gwneud yn bosibl iddynt gael mynediad cyflym ac effeithlon at systemau clinigol, cofnodion cleifion, a mewnbynnu data gweinyddol neu ganlyniadau profion cleifion. Mae'r enillion o ran effeithlonrwydd yn cynyddu i'r eithaf yr amser y mae nyrsys ardal yn gallu ei dreulio yn rhoi gofal yn hytrach na theithio, neu gwblhau gwaith papur.

Sefydlwyd y Gronfa Gofal Integredig yn 2014-15 i gynorthwyo pobl hŷn i gynnal eu hannibyniaeth, osgoi cael eu derbyn i'r ysbyty, atal oedi cyn cael eu rhyddhau, ac i hybu gwaith mewn partneriaeth a darpariaeth gwasanaethau integredig ar draws gwasanaethau iechyd, gwasanaethau cymdeithasol, gwasanaethau tai a'r trydydd sector. Mae'r gronfa'n dal i fod yn rhaglen ar gyfer ymrwymiad gan y Llywodraeth, gyda £60m wedi'i neilltuo yn 2018/19 ac £89m arall wedi'i neilltuo ar gyfer 2019/20. Mae'r arian hwn yn cyllido ystod o gynlluniau a gweithgareddau cymunedol ar draws ardaloedd yr holl fyrdau iechyd. Er enghraifft, mae bwrdd partneriaeth rhanbarthol Cwm Taf wedi dyrannu dros £1.2 miliwn o arian y Gronfa Gofal Integredig yn 2018-19 i barhau i ddatblygu eu gwasanaeth Stay Well@Home sydd wedi ennill gwobrau. Mae'r gwasanaeth, sy'n weithredol saith niwrnod yr wythnos, 365 o ddiwrnodau'r flwyddyn, yn cynnwys tîm amlddisgyblaeth sydd wedi'i leoli yn ysbytai aciwt y Tywysog Siarl a Brenhinol Morgannwg. Mae'r tîm yn cynnal asesiadau cychwynnol ac yn comisiynu/darparu cymorth iechyd, gofal cymdeithasol a chymorth cymunedol y trydydd sector i hwyluso dychweliad diogel ac amserol adref ac atal derbyniadau diangen. Mae adborth gan ddefnyddwyr a darparwyr gwasanaethau'n cadarnhau bod y gwasanaeth Stay Well@Home yn cael derbyniad da ac yn arwain at ganlyniad cadarnhaol ar gyfer cleifion.

Gofal diwedd oes

Mae gan Nyrsys Ardal rôl allweddol fel rhan o ofal diwedd oes yn y cartref. Hwyl yw'r prif ofalwyr am gleifion lliniarol yn y cartref a hwythau'n trefnu ac yn cydlynu gofal diwedd oes gyda'r rhanddeiliaid cymorth lluosog gan gynnwys meddygon teulu, nyrsys arbenigol gofal lliniarol, Macmillan, Nyrsys Marie Curie, gwasanaethau Hosbis yn y Cartref a chymorth gofal cartref. Maent yn arwain o ran cynnal asesiadau Cyllid Gofal Iechyd Parhaus y GIG, gan drefnu cyfarfod y tîm amlddisgyblaeth a sicrhau bod cyllid cleifion lliniarol yn cael ei brosesu ar hyd y llwybr carlam. Maent yn gallu gwneud hyn dros 24 awr o ofal saith niwrnod yr wythnos a 365 o ddiwrnodau'r flwyddyn trwy gydlynu gofal ar draws a rhwng y rhanddeiliaid allweddol gan sicrhau clytwaith o ofal sy'n diwallu anghenion unigolyn. Maent yn trefnu ac yn sicrhau bod offer cymunedol yn cael eu darparu'n brydlon i alluogi rhywun i farw ag urddas gartref. Ond yn bwysicaf oll maent yn rhoi'r gofal o ddydd i ddydd gan sicrhau bod cleifion yn gysurus, yn ddi-boen, gan reoli symptomau a sicrhau bod eu teuluoedd yn cael cefnogaeth lawn drwy'r cyfan.

Diffiniad o dermau

Nyrs Gymunedol/Nyrsio Gymunedol – term torfol yw hwn am yr holl nyrsys, bydwragedd ac ymwelwyr iechyd sy'n gweithio mewn lleoliad cymunedol. Mae'n cynnwys yr holl nyrsys sy'n gweithio mewn gwasanaeth nyrsys ardal a'r holl nyrsys arbenigol sy'n gweithio yn y gymuned, er enghraifft nyrsys cyflyrau hirdymor neu nyrsys sy'n gweithio mewn tîm eiddilwch arbenigol.

Nyrs Ardal – nyrs yw hon sydd wedi llwyddo i gwblhau hyfforddiant sydd wedi arwain at gofnodi Cymhwyster Ymarfer Arbenigol yn erbyn ei chofrestriad gyda'r Cyngor Nyrsio a Bydwreigiaeth.

Nyrsio Ardal – Hwn yw'r term torfol am dimau o nyrsys cymunedol (nyrsys cofrestredig a gweithwyr cymorth gofal iechyd) a arweinir yn glinigol gan Nyrs Ardal i roi'r gofal nyrsio-yn-y-cartref cyffredinol craidd mewn niferoedd uchel.

Cymwysterau Ymarfer Arbenigol (SPQ): Mae'r Cyngor Nyrsio a Bydwreigiaeth yn cymeradwyo nifer o Gymwysterau Ymarfer Arbenigol cymunedol y mae nyrsys cofrestredig (a gofrestrwyd ar Ran 1 o'r gofrestr proffesiynol) yn gallu eu hennill trwy gwblhau addysg gymeradwy ar lefel gradd arbenigol ar ôl eu cofrestriad cychwynol. Y cymwysterau yw:

- Nyrs Ardal
- Nyrs mewn Meddygfa Deulu
- Nyrs Plant Gymunedol
- Nyrs Seiciatrig Gymunedol
- Nyrs Anableddau Dysgu Gymunedol

Mae'r Cyngor Nyrsio a Bydwreigiaeth yn cynnal cofrestr mewn tair rhan: Rhan 1 – Nyrs, Rhan 2 – Bydwraig, Rhan 3 – Nyrs Iechyd y Cyhoedd Gymunedol Arbenigol (SCPHN). Mae mynediad at Ran 3 yn seiliedig ar fod naill ai'n nyrs gofrestrdig neu'n fydwraig gofrestrdig yn gyntaf.

Cymwysterau y meddir arnynt ar Ran 3:

- Ymwelydd Iechyd
- Nyrs Ysgol
- Nyrs Iechyd Galwedigaethol
- Nyrs Iechyd Teuluol (Yr Alban yn unig)

Ceir nifer fach o gymwysterau arbenigol eraill y gall staff cymunedol a gofal sylfaenol ddewis eu hennill hefyd:

- V100: Nyrs-ymarferydd cymunedol sy'n rhagnodi
- V150: Nyrs-ymarferydd cymunedol sy'n rhagnodi (heb SPQ neu SCPHN)
- V200: Nyrs sy'n rhagnodi'n annibynnol (llyfr fformiwlâu estynedig)
- V300: Nyrs sy'n rhagnodi'n annibynnol / atodol

Sylwer nad yw ymarfer uwch yn cael ei reoleiddio gan y Cyngor Nyrsio a Bydwreigiaeth. Yng Nghymru, caiff y gofynion ar gyfer ymarfer uwch eu nodi yn y 'Fframwaith ymarfer uwch ar gyfer nyrsio, bydweigiaeth, ac ymarfer proffesiynol perthynol i iechyd yng Nghymru' (2010)

<http://www.wales.nhs.uk/sitesplus/documents/829/NLIAH%20Advanced%20Practice%20Framework.pdf>