
Report To: Inverclyde Integration Joint Board **Date:** 23 June 2020

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Inverclyde Health & Social Care
Partnership **Report No:**
IJB/50/2020/DMcC

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Subject: DISTRICT NURSING WORKFORCE

1.0 PURPOSE

- 1.1 The purpose of this report is to seek approval for proposed investment in our District Nursing workforce and the creation of five training places on the Specialist Practitioner Qualification in District Nursing at Glasgow Caledonian University commencing September 2020.

2.0 SUMMARY

- 2.1 This report seeks approval of investment to ensure local Band 6 District Nursing capacity is sustained in keeping with the NHS GGC District Nursing workforce model, to enable the delivery of safe, effective and person centred care.
- 2.2 The investment would enable up to five of our current community staff nurses within the District Nursing team to undertake the Specialist Practitioner Qualification in District Nursing at Glasgow Caledonian University commencing September 2020 at a cost of up to £207.3k. The full cost of this would be funded from in-year turnover savings resulting from delays in filling Health vacancies in this and other services.
- 2.3 This will become a rolling programme every second or third year to ensure the service workforce is maintained. A paper will come to the IJB to seek appropriate approval in future years as required.

3.0 RECOMMENDATIONS

- 3.1 It is recommended that the IJB approves the proposed investment of up to £207.3k to create the 5 training places.

Louise Long, Chief Officer

4.0 BACKGROUND

4.1 Role of District Nurses – Transformation

District Nurses have a central role in delivering transformational change defined around seven key elements where District Nurses have a key leadership role, public health, anticipatory care, assessment, care and case management, complexity/ frailty, intermediate care, palliative and end of life care.

4.2 District nurses provide a critical contribution to support the ambition of shifting the balance of care from hospital to community settings, avoiding unnecessary hospital admissions and enabling people to live longer and healthier lives at home by ensuring high quality person centred care. Their role in care co-ordination and joint working across health and care agencies is a crucial element of their work.

4.3 There is a board-wide and national shortage of District Nurses. All partnerships within NHS GG&C have experienced and continue to experience challenges in recruiting to Band 6 posts in order to sustain the current workforce model. Whilst staff retention in Inverclyde has been positive we are now also experiencing difficulties in recruiting to vacancies which is further compounded by our geography. It is therefore imperative that we ensure that we have a sustainable workforce model in place which will include “growing our own” staff. The National Health and Social Care Workforce Plan - Part 3 Primary Care¹, highlights the importance of the district nursing workforce in shifting the balance of care and the need to expand the current workforce. Of particular note the Scottish Government have published the Health and Care (Staffing) Scotland Bill², which will place a legal requirement on NHS boards and care services to ensure that appropriate numbers of suitably trained staff are in place at all times. Whilst national work has been undertaken in relation to refreshing the district nursing role as part of the Chief Nursing Officer Scottish Government transforming roles work stream, additional funding from the Scottish Government has only been made available to support training costs.

4.4 District Nurses Workforce Model

In 2012 NHS GGC commenced a review of the District Nursing Service. The aim of the review was to enable the delivery of increased time spent supporting patients and improved quality of care. The review proposed significant changes to the workforce, set out a governance framework and quality framework, maximised the efficiency benefits of agile working and defined an equitable and uniform service model which would support the move to Health and Social Care Partnerships in 2015. The proposals set out an initial phase of change for District Nursing over 3 years i.e. (2014/2017).

4.5 One of the outcomes of the review was the development of a workforce model for the service with a recommendation to move to a service model of: 1x Band 6 per 9000 registered GP patients supported by Band 5 x 2.2 WTE and Band 3 x 0.5 WTE. This gross population measure does not replace the requirement to review individual caseload size and complexity but is a safe mean target for District Nursing team configuration within partnerships. It also provided a staffing structure which aligns to the Resource Allocation Model in which age, deprivation and population are used to fairly distribute budgets across partnerships.

¹ The National Health and Social Care Workforce Plan - Part 3 Primary Care (2018) Scottish Government

² Health and Care (Staffing) (Scotland) Bill (2018) Scottish Government

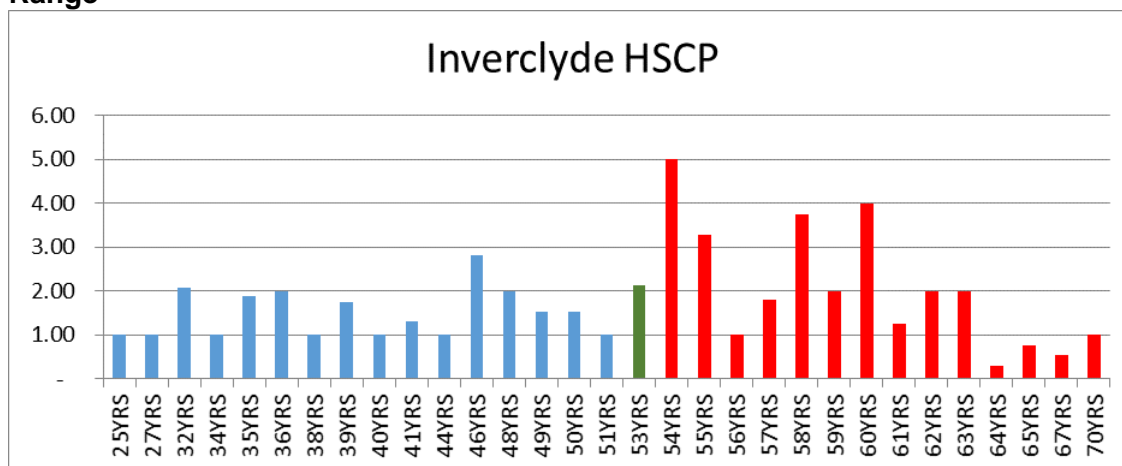
Table 1: Inverclyde HSCP District Nursing Team Staff Profile Base on the 2012 Model and at April 2020

WTE	2012 Model	April 2020 Est
Band 7	1 wte	2 wte
Band 6	10 wte	6 wte
Band 5*	22 wte	22.60wte
Band 3	5 wte	4.99 wte

*Band 5: The data outlined above reflects the day care staff cohort

- 4.6 A second band 7 Team Leader post was agreed locally to address additional responsibilities and initiatives including treatment rooms, prevention and support service and practice development. For band 6 Inverclyde establishment is 10 WTE.
- 4.7 The following table illustrates the age breakdown of the Inverclyde District Nursing Team

Table 2: Inverclyde HSCP District Nursing Team Demographic Profile – Age Range



4.8 Population Increase

Since the District Nursing Review in 2012 the overall population within the NHSGG&C boundaries has increased from 1,289,256 to 1,313,332 – circa 14,000 (source ISD). As the original workforce model was based on one band 6 per 9,000 with pro rata additional staffing, the increase means that additional staffing is required to meet the population increase and associated increased demands for the service. From an Inverclyde perspective whilst there is depopulation in the younger age groups, older people groups are predicted to increase by 13.5% - 65 -74yrs / 8.43% - 75-84 yrs / 85+ 19.83% . Increasing morbidity and frailty are associated with increasing age. This, in turn potentially increases District Nursing caseload activity and workload.

4.9 Ageing Workforce

The average age within District Nurses day services is 45 years across NHS GGC with the out of hours element at 52 years. The service is not in isolation in relation to this average. However a key challenge of the age profile lies in the Band 6 cohort where the average age is creeps up to 51 years for day services and 56 years for Out of Hours. The average age for Band 5 staff is 41 years. It is of particular note that the average for DN services in 2013 was 42 years. As the workforce gets older, the incidence of increased absence due to sickness becomes more prevalent. The 4% National Absence target has been challenging to meet within the service.

Table 3: Staff Sickness Rates over Past 10 months

Month Year	2019 M9	2019 M10	2019 M11	2019 M12	2020 M1	2020 M2	2020 M3	2020 M4	2020 M5
Sickness Rate	6.51%	3.35%	4.03%	6.16%	8.49%	4.56%	5.09%	3.83%	4.66%

It is important to note that 12 months ago the service was under some significant pressure due to staff sickness, vacancies and other leave. This required the development of a dynamic risk assessment which was reviewed on a daily basis. The service was placed in a precarious situation which was further compounded by the lack of available staff from the Nurse Bank. This subsequently resulted in a meeting with the Professional Nurse Lead for NHS GG&C Nurse Bank to explore the possibility of identifying a staff cohort within the bank who could support the district nursing team in Inverclyde in order to develop a more local approach. Unfortunately this was not possible however it was agreed that the Professional Nurse Lead would promote working in Inverclyde and offer shadowing opportunities for bank staff and a passport outlining key skills and competencies would be developed to ensure requisite requirements to cover shifts within the community.

4.10 Additional Resource Required to Augment Current Services

It has become a trend that many District Nursing services both Day and Out of Hours have become reliant upon the Nurse Bank to plug rota gaps. Four years ago this need was little over a few hours per month. Today on average the hours used per month across NHS GGC exceeds 3,500 hours per month. To put this into context one person working fulltime for a month equates to circa 150 hours therefore this translates into 23 wte per week additional staffing. Whilst this constitutes 5% against day services in post the hours used have come from fewer than 100 per week. Bank use within Inverclyde for example in March 2020, prior to COVID-19 crisis, equated to 2.71 wte / £9,119.63.

Table 4: Bank Use in Hours by Reason – 12 Months January – December 2019

Reason Used for Bank - Hours	Grand Total	% use
Additional Sessions	324.75	0.9%
Excessive Activity	20.00	0.1%
Immunisation Programme	1,478.75	3.9%
Maternity/Paternity Leave	351.00	0.9%
Observational Studies	8.00	0.0%
Phased Retrial	106.00	0.3%
Sickness	23,879.20	62.5%
Special Leave	185.00	0.5%
Union Facility Time	21.00	0.1%
Vacancy	11,772.7	30.8%

	4	
Waiting List Initiative	15.00	0.0%
Winter Pressures	41.00	0.1%
	38,202.4	
Total hours Jan – Dec 2019	4	

4.11 The two main reasons cited for Bank usage are to cover vacancies and staff sickness. On average 2 out of 3 shifts cover sickness absence and 1 in 3 for vacancies. This trend is universal across all six HSCP's. The Bank activity data is shared across each HSCP on a monthly basis with Chief Officers and Senior Nursing staff.

4.12 Although Agency staff have not been accessed to support the service this could potentially become a reality in the future unless plans are put in place to sustain the current workforce through succession plans. The requirement for agency support during the most recent pressure on the service was avoided due to staff working additional hours and contribution from team leaders and senior nurse who supported front line care delivery. This was for a finite time period.

4.13 Staff Turnover

Overall the leaver's rate within DN services is constant. The main reason staff opt to retire is age related at around 60% for across NHS GGC.

Table 5: Inverclyde HSCP – District Nurse (DN) Leavers (wte's) – All Bands

Year	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20*	Grand Total
No of DN Leavers	2.06	1.84	2.88	4.21	4.47	3.81	19.27

*April – December (9months)

4.14 Band 6 Availability Changes Over the Next 12 Months

Retirals: Out of 10 Band 6 staff required for district nursing, 4 have confirmed retirement over the next 3 months with a further 2 planning to retire by 2021. Of the remaining 6, 3 have only qualified this year, and the remaining 3 are over 55 years. It is considered highly likely that the impact of the COVID-19 pandemic has contributed to staff bringing forward their retirement plans.

4.15 Band 5 Availability Changes Over the Next 12 Months

Over the past 2 years the Band 5 cohort have changed significantly due to leavers, retirements and subsequent recruitment. This has improved the staff demographic and the new staff are gaining invaluable experience with the support of the more experienced Band 5 community staff nurses and the District Nurses Band 6. It is recognised that there is great potential for future learning and development in this staff group and opportunity to access the District Nursing specialist programme.

4.16 District Nursing has been using the National Community Nursing Assessment Workload tool for several years. The findings on the actual breakdown of services and activity are shared and accessed locally. In summary, the trends of activity remain constant. On average three and a half days per week are aligned to patient care. The remainder is aligned to non-clinical administration. The clinical activity element indicates that most of the contacts require complex interactions and accounts for the majority of patient contact. Inverclyde District Nursing teams have performed consistently well in terms of both patient-facing time and non-face to face patient related activity with data for both above the NHS GG&C average. For example, data from the workload tool run in June 2019 highlighted the following: Band 3 - 72%

patient related activity (51% patient facing time), Band 5 – 69% patient related activity (47% patient facing time) and Band 6 – 38% patient related activity (23% patient facing time).

- 4.17 The other two elements of the tool – the Quality element and the Professional Judgement element to date have been difficult to determine mainly due to the construct of the recording mechanism. Managers are encouraged to record data in these two areas honestly in the window when the data is recorded with services described as they are with the appropriate rationale provided for actions taken. A numeric score is available through an algorithmic calculator that determines percentage performance of service and potential required in post. This can corroborate the “in post” available but not always. Efforts are ongoing to refine and develop a systematic and standardised approach to workforce and workload planning to ensure valid and reliable outcomes. Further work is required to refine the current tool.
- 4.18 District nursing activity is projected to see very significant increases by 2025 driven by an ageing population, increasing numbers of older people with complexities, frailty and co-morbidity issues. The impact of the demographic shift will be particularly pronounced within Inverclyde HSCP with very high projected increases in care associated with an increase in population in the older age group coupled with the level of deprivation.
- 4.19 Of particular note, the impact of the COVID-19 crisis has necessitated a review of district nursing workload with a focus on the delivery of more complex care and a greater emphasis on patient self-care and / or training relatives and carers to support delivery of specific interventions. This should be considered as part of discussions on our future service as we move into COVID- 19 recovery phase and beyond which is a key leadership task for Band 6 District Nurses.
- 4.20 Implementation of the General Practitioner contract and Primary Care Improvement Plans will require a significant shift of work from General Practitioners to the wider health care team and has implications for District Nursing workload. For example, the recent introduction and current implementation of the Confirmation of Death by registered healthcare professionals in Scotland has implications for District Nursing workload.
- 4.21 There are opportunities as part of our COVID- 19 recovery plans and in line with our transforming agenda to consider how to further develop and optimise the contribution of District Nurses and our Advanced Nurse Practitioners to adopt more integrated ways of working to meet future needs.
- 4.22 Recruitment to the Specialist District Nursing Programme

Traditionally, staff from Inverclyde have accessed the District Nursing programme at the University of the West of Scotland (UWS). However, as a result of the COVID-19 crisis and temporary pause of the current programme, UWS will not be offering the programme in September 2020 to a new student cohort. The programme will be run at Glasgow Caledonian University (GCU) on a full-time basis and interviews were held to recruit to the programme late May. Discussions have taken place with the programme lead at GCU to advice of a potential for 5 students from Inverclyde HSCP subject to required funding to support backfill and successful candidate interviews. As previously outlined, we will have 6 band 6 vacancies by 2021.

- 4.23 To date, no backfill has been provided for staff released to undertake the Specialist Practitioner Qualification. This has impacted on the workload of teams and has resulted in caseloads for Band 6 staff being higher than the model agreed during the NHS GGC District Nursing Review in 2012. As the five requested places are a full-time basis of one year, this will add an additional pressure within the service as there will

be no capacity for staff who would previously have been part time to continue to contribute part-time to service delivery.

- 4.24 In preparation of and in anticipation of funding, we have invited community staff nurses within the district nursing service to express interest in undertaking the programme starting in September 2020. We have had five expressions of interest. All staff are ready in terms of their experience and academic requirements, willing and able to commit to the demands of the programme.

5.0 PROPOSAL

- 5.1 Whilst it is recognised that all services will experience risks pre COVID -19 as we now move to recovery and forward into a new order, District Nursing services are arguably more vulnerable than most. Trend data suggests that absence rates are problematic and not likely to change and the evidence available indicates the use of the Nurse Bank to augment the service. These issues coupled with an ageing workforce, workload activity, rising demands of the service and the need for wider transformational change in line with our strategic plan have associated workload and workforce implications. As highlighted earlier, this position is not unique to Inverclyde and is reflected not only across NHS GGC but across Scotland.
- 5.2 The age profile within the existing workforce is placing growing demands on the district nursing service. The risks are principally with respect to the band 6 District Nursing workforce hence the requirement for robust succession plans to support a sustainable workforce. Evidence indicates that since the District Nurse review in 2012, demographic changes have and will continue to significantly increase demand pressures on the District Nursing service.
- 5.3 There is evidence of a growing gap between capacity and demand in district nursing services creating pressures which may impact on the quality of care, result in increasing task focused approaches and missed opportunities for prevention activity and anticipatory care. In order to meet the growing demand, it is therefore essential that the district nursing workforce is adequately resourced to meet the challenge of not only sustaining current workforce model but to meet the projected future workforce requirements for the service.
- 5.4 Understanding the cumulative impact of the identified factors on the District Nurse workforce has informed the projection of the workforce required to meet future demands. It is therefore proposed that for the academic year 2020-2021, Inverclyde HSCP requires to support 5 nurses to undertake the Specialist Practitioner Qualification in District Nursing, and agrees to provide financial support for the necessary backfill for the band 5 community staff nurses for the duration of their studies i.e. one year.
- 5.5 Five Community Staff Nurses within the District Nursing team have expressed interest in undertaking the programme. It is therefore proposed that these staff are presented to attend for interviews which will be held in collaboration with colleagues from GCU later this month/ early July. Backfill for the community nursing posts will be undertaken to ensure that those appointed are keen to pursue the programme at a future date to support workforce planning.

6.0 FUNDING

- 6.1 The cost of the training course for 5 places is £23,700 and this is fully funded by NHS NES. The associated costs of backfill on a fixed-term basis via additional staffing are outlined in Table 6, these are based on estimates at the top of the grade, actual costs might be lower depending where on Band 5 the backfill staff are placed.

Table 6: Associated Costs of 5 Band 5 Community Staff Nurses Undertaking the District Nursing Specialist Practitioner Programme Full Time at GCU

Backfill Staffing	Total Cost (incl ERS)
5 Band 5s for 40 weeks converting to Band 6s for last 12 weeks*	£207.3k

*In line with the workforce agreement across NHS GGC students will be uplifted to Band 6 for the final three months of their programme.

- 6.2 It is proposed that these costs are funded through in-year turnover savings from across the Health and Social Care Partnership. This year and in previous years the IJB agreed to use an element of its turnover savings to fund pressures in Mental Health Inpatients budgets. It is proposed that in 2020/21 £207.3k of turnover savings are allocated against this programme to support the District Nursing service. Overall turnover savings in relation to HSCP Health last year were £1.022k, excluding underspends relating to ringfenced Scottish Government funded projects such as Action 15, ADP and PCIP.
- 6.3 This will become a rolling programme every second or third year to ensure the service workforce is maintained. A paper will come to the IJB to seek appropriate approval in future years as required.

7.0 DIRECTIONS

7.1 Direction Required to Council, Health Board or Both	Direction to:	
	1. No Direction Required	
	2. Inverclyde Council	
	3. NHS Greater Glasgow & Clyde (GG&C)	X
	4. Inverclyde Council and NHS GG&C	

8.0 IMPLICATIONS

8.1 FINANCE

The financial implications are as outlined in this report.

One-off Costs

Cost Centre	Budget Heading	Budget Years	Proposed Spend this Report £000	Virement From	Other Comments
District Nursing	Emp Costs	2020/21	207.3	Emp Costs – in year turnover savings	

Annually Recurring Costs / (Savings)

Cost Centre	Budget Heading	With Effect from	Annual Net Impact £000	Virement From	Other Comments
N/A					

LEGAL

8.2 There are no specific legal implications arising from this report.

HUMAN RESOURCES

8.3 There are no specific human resources implications arising from this report.

EQUALITIES

8.4 There are no equality issues within this report.

8.4.1 Has an Equality Impact Assessment been carried out?

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YES

NO – This report does not introduce a new policy, function or strategy or recommend a change to an existing policy, function or strategy. Therefore, no Equality Impact Assessment is required.

8.4.2 How does this report address our Equality Outcomes

There are no Equalities Outcomes implications within this report.

Equalities Outcome	Implications
People, including individuals from the above protected characteristic groups, can access HSCP services.	None
Discrimination faced by people covered by the protected characteristics across HSCP services is reduced if not eliminated.	None
People with protected characteristics feel safe within their communities.	None
People with protected characteristics feel included in the planning and developing of services.	None
HSCP staff understand the needs of people with different protected characteristic and promote diversity in the work that they do.	None
Opportunities to support Learning Disability service users experiencing gender based violence are maximised.	None
Positive attitudes towards the resettled refugee community in Inverclyde are promoted.	None

8.5 **CLINICAL OR CARE GOVERNANCE IMPLICATIONS**

The requested funding will ensure that the district nursing service will adhere to the NHS GGC District Nursing Model and enable the continued delivery of a safe, effective and person centred district nursing service for the people of Inverclyde.

8.6 **NATIONAL WELLBEING OUTCOMES**

How does this report support delivery of the National Wellbeing Outcomes

There are no National Wellbeing Outcomes implications within this report.

National Wellbeing Outcome	Implications
People are able to look after and improve their own health and wellbeing and live in good health for longer.	None
People, including those with disabilities or long term conditions or who are frail are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community	None
People who use health and social care services have positive experiences of those services, and have their dignity respected.	None
Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.	None
Health and social care services contribute to reducing health inequalities.	None
People who provide unpaid care are supported to look after their own health and wellbeing, including reducing any negative impact of their caring role on their own health and wellbeing.	None
People using health and social care services are safe from harm.	None
People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.	Investment in our workforce and training is a key element of this outcome
Resources are used effectively in the provision of health and social care services.	This ensures we have an appropriately trained workforce in place to deliver key services

9.0 CONSULTATION

- 9.1 This report has been prepared by the Chief Nurse in consultation with other members of the Senior Management Team.