

Report

Workforce Update: District Nursing

Edinburgh Integration Joint Board

20 January 2017



Executive Summary

1. The purpose of this report is to update the Edinburgh Integration Joint Board (EIJB) on the pressures and the current and future challenges facing District Nursing across the Edinburgh Health and Social Care Partnership, and the three Lothian Integrated Joint Boards.
2. The highest proportion of vacancy is currently within the Edinburgh District Nursing Band 6 Caseload Holder level. There are currently 219 Whole Time Equivalent (WTE) nurses within community district nursing services in Edinburgh. Of these, there are 70 WTE Band 6 Caseload Holders and there are currently 14 vacancies amongst this group, this being a vacancy rate of 20%. This is creating a significant pressure within the service and this trend is predicted to continue.
3. In addition to the above 57% of the current Band 6 and Band 7 District Nurses and Senior Community Staff Nurses are aged 50 or over. The majority of this group of nurses have protected pension status and can retire with a full pension at the age of 55.
4. It is difficult to recruit trained and experienced District Nurses who can manage a caseload and there is a UK wide shortage of such staff.
5. During this year, 11 trainee District Nurses have been funded and recruited to undertake Masters Degrees at Queen Margaret University, Edinburgh. Six of these trainees have been funded via recurring funding. The other five were funded with non-recurring funding from NHS Lothian Corporate Nursing as a measure to address those pressures. However, this number is inadequate to fill the current and pending gap across Lothian. There is an urgent need to recruit and train additional District Nurses and the Executive Nurse Director and IJB Chief Nurse are working to progress this.

Recommendations

6. To accept the report as assurance that the Edinburgh Health & Social Care Partnership (EHSCP) is taking a whole system approach to ensure the pressures within district nursing in Edinburgh are being addressed, and that a Lothian-wide approach is being taken to deal with current and future service needs. This is being overseen by the Executive Nurse Director and the NHS Lothian Board.
7. To acknowledge current and future District Nurse supply and demand issues and the need to urgently train additional District Nurses as well as attempt to recruit nationally to vacant posts.
8. In conjunction with the three Lothian IJBs, to support the recommendations from the Lothian Review of District Nursing 2016 and support a collective Lothian-wide approach to taking forward the recommendations and key priorities within this report (Appendix 1).
9. To support the current actions being taken to address the pressures within the District Nursing service in Edinburgh and across all four IJBs, and receive regular updates from the Partnership in relation to progress against the actions.

Background

10. District Nursing is a life line for many patients providing vital care in their own homes, residential care homes and GP surgeries (Kings Fund 2016).
11. The issues regarding primary care are related to the following key areas:
 - A general population growth with a significant shift in the overall demographic profile which has increased demand for the following services: multi-morbidity care; those for the frail and elderly; and palliative and end of life care.
 - A reduced primary care capacity due to the number of staff (District Nurses, General Practice Nurses and GPs) who could potentially retire in the next five years.
 - A historical (un-resourced) shift in the balance of care from hospital to community settings.
 - The Scottish Government 20:20 Vision for Health and Social Care emphasises the need to shift more care to community settings and away from acute services.
12. Historically, district nursing teams have had a significant staff nurse skill mix in order to respond to service development issues, financial drivers and service redesign, to

ensure the needs of patients and their families are being met. The current teams are made up of a Team Leader (Band 7), District Nurses (Band 6 caseload holders with a speciality community qualification/registration), Community Nurses (Band 5) and Clinical Support Workers (Band 3).

13. At 1 April 2016, there were nine vacancies at Band 6 District Nurse level in Edinburgh. This figure had risen to 14 by November 2016. The number of vacancies has been increased by experienced Band 5 staff leaving district nursing teams for promoted posts within other services where a post-registration qualification is not required for instance in general practice, acute services, or hospital at home and out of hours services. In addition, the age profile of existing Band 6 and 7 District Nurses suggests that approximately 47% of this staff group across Lothian could retire by 2021. Most District Nurses have NHS 'special pension status' and therefore can potentially retire at the age of 55.
14. District Nurses play a key role in caring for patients in their homes with long term conditions, those with complex health needs, and in relation to palliative and end of life care at home and in care home settings. They also play an important role in preventing hospital admissions and supporting discharge from hospital. The role of the District Nurse is critical to primary care sustainability and it is absolutely essential that this current vacancy challenge is addressed urgently and in a robust way to ensure a sustainable community nursing service for the future which can support current and future population demographic needs.

Main report

15. It is very difficult to recruit trained experienced District Nurses at Band 6 caseload holder level. Despite a recently placed national advert, the uptake against Band 6 vacancies has been very low. In addition, a higher proportion of recent recruits to community staff nurse posts are newly qualified staff with limited nursing experience and who require higher levels of direct and indirect supervision for longer periods as they develop their skills and competencies to work independently in a community setting. The shortage of Band 6 District Nurses means that current Band 6 Caseload Holders are managing significantly larger and more complex caseloads as well as supporting less experienced nurses within the community setting.
16. In order to become a Registered District Nurse (Caseload Holder) with the Nursing and Midwifery Council (NMC) it is necessary to complete a recognised District Nursing Education Programme. Currently within the UK, in order to be a Band 6 District Nurse caseload holder, a nurse must have the District Nursing Specialist Community Qualification and be registered with the NMC. Currently within the Lothian area, this Education Programme is provided by Queen Margaret University.

The course is nine months full time and following a recent curriculum review, is now at Masters Level. Previously this was offered at Postgraduate and Masters levels. The trainees need to be released from their role and backfilled, which creates an additional pressure within the service. There is a reported reluctance to study the District Nursing Programme at Masters Level.

17. There is currently no modular education and career framework for District Nursing in Lothian which would enable community staff nurses to complete an education programme in a more incremental way. A modular programme would avoid staff having to be released for a full 9 month period whilst they complete their District Nurse education programme. Any new programme would need to be NMC accredited to enable the nursing staff to obtain a specialist community qualification that is registered with the NMC. Work is progressing to review the number of Band 5 community nursing staff who would be interested in undertaking the Clinical Decision Making module and agree what other modules should be included in the programme.
18. NHS Lothian is one of the few Boards that has consistently provided recurring funding for six District Nurse trainees each year across Lothian. This is however insufficient to meet current and future demands. In May 2016, only four trainee District Nurses qualified, leaving a shortfall of seven candidates to fill the vacancy gap across Lothian.
19. Following an external advert in July 2016 for the District Nurse education programme at Queen Margaret University, eleven internal candidates were successfully appointed. They are due to complete their training in April 2017. Non-recurring funding was identified to increase the trainee cohort from six to twelve places. There is no recurrent funding for the additional trainees and if external trained District Nurses cannot be recruited, this will be a significant risk to the safe and sustained service provision. To bridge this gap by internal succession planning, a minimum of 15 students would need to be trained per year for the next three years. This is based on the current and predicted vacancy factor within the services, which have been derived from the past 12 months' data. It is essential therefore that the current District Nursing programme can be double-run with the new modular programme to achieve this number and sustain this for the future against normal attrition levels.
20. All district nursing students require supervision from a Band 7 Community Practice Teacher (CPT). There are currently seven CPTs across Lothian. As part of the succession planning exercise, four additional CPTs are now being supported to undertake the part time course over the next two years. On qualifying, it is proposed that the four Band 6 District Nursing posts are upgraded to Band 7 to enable them to carry out the duties of a CPT and support the ongoing training and supervision of new District Nurses.

21. In addition to District Nurses, to ensure more complex care can be provided in the community, the service also needs to increase the number of Advanced Nurse Practitioners (ANPs) within the community setting to work alongside District Nursing teams. In Edinburgh HSCP there are currently four ANPs who work within the IMPACT team. This team currently sits separately to the District Nurse teams. However, there are opportunities with the development of the hubs and clusters to review how this team can become more integrated with District Nursing. There are also ANPs who work with the Hospital at Home team for the South East Edinburgh (Acute Managed Service) and consideration also needs to be given to how this team can become further integrated with the community teams, to ensure the partnership can meet the Scottish Government 20:20 Vision for Health and Social Care.
22. Within the community setting there are additional Band 6 and Band 7 posts being developed, that are aligned in particular to the out of hours GP Service, and various posts in the acute setting that are likely to attract community staff nurses and district nurses, as they are not required to undertake masters level education programmes to progress in their careers, and as discussed previously this is not the case in District Nursing.
23. Currently the Evening and Night (E&N) district nurse services within Edinburgh work separately to the day time service. To maximise workforce potential and reduce the impact of vacancies on the E&N service, Edinburgh is progressing the integration of the district nurse day and evening services and this change process will commence in January / February 2017. Changing population demographics, the recommendations from the 2020 vision for Health & Social Care and changes to the new GP contract (2017) will together place greater demands on District and Community Nursing services in general. Nurses in the community will be required to have a higher level of skill and competency to undertake more advanced clinical decision making within the community setting. The current model of care and skill mix will need to be reviewed to enable services like District Nursing to respond to this changing demand. This work is being taken forward by the Chief Nurses and Education Leads in conjunction with Queen Margaret University.
24. In recognition of the changing demands on district nursing and practice nursing, the Chief Nursing Officer for Scotland commissioned a review of Community Nursing for Health Visiting, District Nursing and Practice Nursing in 2016. The final recommendations from this review are still awaited. On 23 May 2016, the Executive Nurse Director for NHS Lothian chaired a District Nurse Review Event for Lothian which had representation from all primary care stakeholders.
25. The key recommendations from this NHS Lothian review were as follows:

- The need to review the current education programme for district nursing and develop a more modular education programme and career framework for district nursing to improve succession planning for the future.
- The need to identify the current skills and competencies within the teams by undertaking a training needs analysis to identify current and future clinical skills and competencies required for district nursing. This information will be used to inform future workforce requirements and any business cases developed to support this.
- The Lothian Review, ISD National Data Sets and more recently the Kings Fund review of District Nursing has highlighted the need to ensure that more robust information is held with regards to district nursing activity to enable shifts in activity and complexity to be more easily identified. Despite holding electronic community records since 2009 in Lothian this information is not well captured or reported locally or nationally. The national data sets need to be updated to reflect and enable better national bench marking and monitoring. Good information on activity and complexity is essential to help inform current and future workforce requirements and service models. The national District Nursing Review has also identified a need for more robust workforce data for district nursing to help inform numbers required and caseload size. A local group working with the Scottish Government and the ISD has been set up to take this work forward.
- There is a need to introduce better mobile technology for district nursing to ensure that District Nurses can update their records and activities in real time. Recent national ISD data showed that data held in relation to district nursing was poorly recorded and captured.

26. The Kings Fund report (2016) has identified nine qualities of good district nursing care, which were based on feedback from service users and District Nurses. The partnerships need to measure their own performance against these quality indicators to ensure the needs of their populations are being met.

Key risks

27. The following risks have been identified and added to the corporate risk register:

- The inability to train additional Band 6 District Nurses to the match attrition levels.
- The inability to recruit registered Band 6 District Nurses to vacancies.
- The lack of funding to support additional training.
- The lack of funding to progress the national advertising campaign.
- High levels of stress and burnout amongst this staff group due to an increase in workload pressures and the additional accountability and responsibility associated with the supervision of less experienced nursing staff.
- Increasing levels of sickness absence.

- The impact that high vacancy levels and inexperienced staff could have on the quality of patient care.
- That locality working arrangements may work against the need to manage the risks as a whole across Edinburgh and Lothian.

28. The following actions have been identified as mitigations against those risks:

- Increased and over-recruitment to Band 5 community staff nurses to reduce the impact of the time between vacancy and appointment.
- Funded additional training of practice teachers for District Nurse students.
- Non recurring funding for an additional six District Nurse trainees for 2016-17, and agreement on the number of trainee places for 2017-18.
- The funding of one WTE Band 7 Education Lead to work with NHS Lothian and Queen Margaret University to develop and deliver modules in Clinical Decision Making and Prescribing which will form the basis of a modular course going forward.
- The Partnership will be asked to explore a Section U application for those undertaking District Nursing training.
- Weekly telephone huddles with the Executive Nurse Director of NHS Lothian, the IJB Chief Nurse and Clinical Nurse Managers have been set up to monitor progress against specific actions. Summaries of the huddles are shared with the Health and Social Care Chief Officers.
- A change management paper for the district nursing evening service has been approved by the NHS Lothian Workforce Organisational Committee in December 2016.
- A national advert in the community nursing journals for qualified District Nurses has been funded and will be advertised in January 2017. An NHS Lothian recruitment micro site for District Nursing posts has now been set up. The number of hits to the micro site will be recorded and this intelligence will be used to target key areas in the UK.
- The manpower for additional Band 7 posts for community clusters in Edinburgh has been approved.
- The Executive Nurse Director and Chief Nurses are working closely with partnership representatives to progress financial remuneration for Senior Community Nurses to support Band 6 caseload holders and are contacting staff who potentially can retire to discuss with them the potential to return to the service through the bank or on a part time basis after retirement.

29. An action plan to address the issues and pressures within the service will be reviewed at the Community Workforce meeting in February 2017.

30. The Executive Nurse Director and IJB Chief Nurses will explore what NHS Lanarkshire is doing to address the same issues and learn from any actions they have taken to mitigate risks.

Financial implications

31. The indicative financial implications associated with mitigating this risk for Edinburgh Health and Social Care Partnership are detailed below. This includes:

- To provide additional trainee District Nursing places to fill current and predicted gaps.
- To implement mobile working and maximise working capacity.

Year 1 2017	Year 2 2018	Year 3 2019	Totals
Costs to train additional District Nurses			
£250,000	£250,000	£250,000	£750,000
Costs to implement mobile technology			
£155,000	£29,000	£29,000	£213,000

32. Non recurring funding has been already identified from Corporate Nursing, NHS Lothian to fund an additional six District Nurse trainees in 2016. Recurring funding is currently only for six District Nurse trainees per year for Lothian. This will need to be reviewed and funded to ensure there is an adequate number of trainees to fill the increasing vacancy gap.

Involving people

33. District nursing staff have been kept informed of the actions being taken to mitigate risk. The Executive Nurse Director and Chief Nurse have visited district nursing teams across Lothian.

34. The Community Workforce Group is working closely with partnership representatives.

35. The outputs from the weekly huddle are shared with the Chief Officers across all four partnerships.

36. All steps have been taken to minimise risk to patient care and is monitored through the weekly huddle and by the Clinical Nurse Managers on a daily basis.

8. Impact on plans of other parties

37. Developments within district nursing need to be part of the wider plan for primary care sustainability.

Background reading/references/Appendices

Appendix 1 – NHS Lothian District Nursing Review

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Links to priorities in strategic plan

Priorities

Details: Links to the 6 priorities of the strategic plan.

Summary District Nursing Review Workshop

23rd May 2016 - Hibernian Stadium Conference Centre, Leith

Summary and Output:

Background:

In review of the current and pending challenges within District Nursing within Lothian it was agreed with the IJB Chief Nurses and the Executive Nurse Director to have a one day stake holder event to explore the issues current and future. The aim of the day was to understand the changing landscape and consider the implications of this for nursing in the community, models of adult care, enabling technology and an education framework to support this. There was 95 attendees from across many stakeholders including, District nursing, Locality and IJB Management, Nursing Leadership, Social Work, Social Care, Education, ISD, Information Technology, 3rd and Independent Sectors and Scottish Government. The event was chaired by Professor Alex McMahon, Executive Nurse Director NHS Lothian.

The key topics discussed as set out in the programme attached included:

An update and potential implications of the new GP contract; Update and overview of the National Review of District Nursing; An overview of the current District Nursing and Community Nursing workforce profile and challenges; Current and future models of care for community nursing; the value of District Nursing in a changing landscape; Specialist Practitioner qualifications and future education/career framework for District/Community Nursing; Community Nursing Stories from Practitioners; Technology – Challenges and opportunities to support Community Practice; National District Nurse Information statistics (ISD). The presentations can be made available by contacting Lorraine.Aitken@nhslothian.scot.nhs.uk

Following the presentation 10 multiagency groups were asked to discuss the key issues and priorities to address future service needs and demands under the following headings:

- Models of Care
- Workforce
- Education and Career Framework for Community Nursing
- Technology and information

Key issues raised by the groups are outlined below:

Models of care:

- Needs to reflect urban and rural context
- Needs to meet the changing demands on service and increasing complexity
- Teams have ownership at team level – Buurtzorg model/house of care models
- Better co-location of teams around GP practices
- Need to improve communication between teams

- Need to be more integrated models of care with District Nursing, GP's, AHP's, Social Work, intermediate care, support worker roles, community Pharmacy and their sector
- More streamlining of teams across community nursing – reduce names and focus on skills and competencies within teams to provide a full range of services from basic to advance practice.
- Outcome focused models of care – better focus on self management
- Wider team involvement in ACP and end of life discussions and ensure adequate education and training support for this
- Models of care need to significantly shift from current models
- Harness the cluster model – involving integrated teams being clear re: roles and functions right person, right place and right skills and competencies
- Need to look at other models of care in other countries, eg. Netherlands, Finland, Sweden and Alaska
- Bring District Nursing and Practice Nursing together –
- Expand examples of good practice e.g Choice's, Model NHS and CEC working together around end of life care
- Focus on models of care that will attract and motivate staff
- Models which promote facilitated and self support, person centred care improving choice continuity and control.
- Models which increase nursing autonomy
- Increase expert generalist nurse with access to speciality nursing and advance practice. More flexible District Nursing service 24/7

Workforce:

- Need improved information around activity, complexity and demand across the whole primary care team to inform future workforce requirements (numbers and skills and competency)
- Need to review caseload numbers and complexity for District Nurses
- Attract more nurses to district nursing service
- Increase numbers of staff at practitioner level and review current skill mix
- Consider more interchangeable roles and rotations between services
- What makes District Nursing attractive or unattractive? Needs further evaluation
- Need to repeat workforce tools and ensure they are reliable
- Need for more flexible working – DN's moving to more attractive positions in acute or other community specialities where the DN qualification at Masters is not required to achieve Band 6 and 7 grades this needs further consideration.
- Need to increase Band 7 ANP's and Band 6 nurses with clinical decision making and independent prescribing
- Creative packages to increase retention
- Develop resilience framework for workforce
- Need more factual information re: all workforce requirements including information about GP activity etc. Need to look at workforce capacity in the round - Needs to be considered on a Lothian perspective

- Improve referral process to DN's
- Better management of nursing staff across 24hr period /map to patient care requirements (skills and competencies for nursing teams to provide more care in community setting)
- Make the posts more higher decision making level and more lower decision making level – practitioner assistant and competent generalists
- Increase admin support
- Opportunities for retired experience DN's to have part-time contracts

Education:

- Need to review current DN course to ensure that it meets future service needs
- Consider modular approach - ? to include wider community teams
- Band 6 DN's need to do clinical decision making module and prescribing 300
- Consider more community student placements
- Choices at Postgraduate and masters level
- Need to consider training needs of Band 5 nurses in community and experience levels to work independently
- Look at ANP and HCA training based on service requirements and models of care
- Develop a career framework from Band 2 – 8 for nurses who work in community
- Introduction to District Nursing Module
- Need to review and develop a comprehensive Band 5 training programme
- Education programmes need to consider succession planning
- Embed clinical supervision and reflection
- Consider role and function for Band 4 practitioner assistant role in community
- Revisit community preparation for working in the community at undergraduate level
- Consider opportunities for supervision/competency sign off with G's and others to increase number of staff with clinical decision-making and prescribing
- Have a clear career pathway for community nurses and make the role more attractive

Information and technology enabled care:

- Need for improved information about activity, capacity and demand current information available not describing full care episodes
- Ability to access GP systems
- Need for mobile technology to reduce time spent returning to base to update electronic records
- Need for better information sharing across professionals and agencies
- Multi-systems inhibiting effective and safe communication
- Paper lite systems
- Need to prioritise community TRAK developments this has not been given the same level of priority and this is essential
- Students need access to 'Community' TRAK
- Staff need access to all TRAK modules to ensure effective communication
- Need to improve Portal information exchange
- Patients need access to their own electronic records

- Systems need to link better together
- Need for a single shared assessment and a single electronic system for H&SC
- Need to improve connectivity in particular East Lothian
- Urgent need to resource mobile technology
- Ability to diary triage workload and caseload management
- Employ dedicated support to help upgrade community TRAK
- Develop business case for mobile technology for the whole of Lothian to avoid IJB lottery
- Ensure all staff can use the IT systems currently available.

At the event it was agreed that the recommendations and feedback would be taken forward as part of the community workforce planning group chaired by the Executive Nurse Director.

The top key issues were:

- Need to review the current models of care – focus on skilled generalist with easy access to specialist services when required
- Need to explore the development of a more modular education and career framework
- Need for better information about DN activity to enable better planning around workforce capacity and demand
- Need for better information on activity for whole of primary care team
- Need for mobile technology and a greater priority for changes to community TRAK
- Single shared assessment
- Develop cluster models within communities

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