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**To: Renfrewshire Integration Joint Board**

**On: 25 June 2021**

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**Report by: Chief Officer**

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**Heading: Scottish Government Investment for District Nursing:  
Renfrewshire HSCP Plan**

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<b>Direction Required to Health Board, Council or Both</b>	<b>Direction to:</b>	
	1. No Direction Required	<b>X</b>
	2. NHS Greater Glasgow & Clyde	
	3. Renfrewshire Council	
	4. NHS Greater Glasgow & Clyde and Renfrewshire Council	

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## **1. Summary**

- 1.1. This report provides an update to the Integration Joint Board (IJB) regarding Scottish Government investment to District Nursing, aligned to the Health and Social Care Workforce Plan recommendations published in December 2019.
- 1.2. The report provides an overview of the outline plan across Greater Glasgow and Clyde, and more specifically planning intentions for Renfrewshire HSCP.
- 1.3. The report refers to Appendix 1 (Additional Funding paper) and Appendix 2 (Funding Letter Board Nurse Director), which provides further information for members to consider.
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## **2. Recommendation**

It is recommended that the IJB:

1. Note the content of the paper;
2. Note current progress in relation to the plan;
3. Note that the request for approval of the creation of an earmarked reserve to fund the Additional Investment in Respiratory Services was included within the Chief Finance Officer's Financial Report 1 April 2020 to 31 March 2021 to this board; and
4. Note that the funding for the Investment in Nursing Assurance across Renfrewshire Care Homes was made available late on in 2020/21

and has been carried forward in earmarked reserves to be drawn down as required and is included within the Chief Finance Officer's Financial Report 1 April 2020 to 31 March 2021 to this board.

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### 3. Background

- 3.1. In 2018 a national modelling exercise was undertaken which identified a 12% investment was required to the District Nursing workforce in order to address the gap between demand and supply, and in consideration of demographic change, including a growing older population.
- 3.2. The Health and Social Care Integrated Workforce Plan subsequently committed to an additional 375 nurses across Scotland.
- 3.3. In consideration of DN services being central to the delivery of essential and urgent care during Covid 19, and to recovery, targeted investment to grow the workforce will support services across Scotland. An enhanced workforce is key to ensuring people can be cared for at home or in a homely setting, reducing avoidable admissions to hospital and enhancing provision in primary care.
- 3.4. In late 2020, the Scottish Government wrote to boards with regard to the allocation of funding for Nov 2020- April 2021, and recurring funding until 2024/25.
- 3.5. The board allocation across GG&C is £10,081,786 equating to 47.8 skill mixed posts, Renfrewshire's allocation is £1,396,592 equating to 7.4 skill mixed posts realised at end point 24/25.
- 3.6. Appendix 1 details an overview of funding and justification for posts to be created.

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### 4. Renfrewshire Plan

Post	Band	Final WTE
DN Advanced Nurse Practitioner	B7	2
Community Staff Nurse	B5	2
Health Care Support Worker	B3	3.4
		<b>7.4 WTE</b>

4.1 Justification for specific posts is provided in Appendix 1, however in Renfrewshire the justification to develop new ANP roles is anticipated to have multiple benefits for patients and for the sustainability of services:

- Creation of more senior decision making roles, which will enhance assessment and treatment planning for patients and families and streamline the patient pathway, as an element of the District Nursing Team. This will include an evolving Out of Hours component which has already realised a number of benefits in relation to admission avoidance and diverting of referrals to GP OOH at weekends.
- This aligns with the ambitions of Transforming Roles, in that these posts intend to maximise the contribution to nursing by enhancing senior clinical decision making, provide a clear career pathway for District Nursing, enhance leadership to teams, and impact upon avoidable admission to hospital. Given board wide issues in relation to recruitment and retention of Band 6 District Nurses it is anticipated that offering an alternative promoted opportunity which maintains a clinical focus will address this challenge and begin to stabilise the District Nursing service and enhance resilience. These roles will link with the wider ANP team and provide the potential to form the building blocks of future Hospital At Home models.
- Additional Band 5 roles, the intention being to grow these staff by undertaking DN SpQ programme in order to reach the required model of Band 6 qualified District Nurses.
- Succession planning: due to the creation of an enhanced career pathway it is anticipated that staff who are supported to undertake SpQ would consolidate their practice and be retained within the service, with the potential to develop further as a DN ANP. There is optimism that this would avoid these highly trained staff seeking similar opportunities elsewhere across services.
- Band 3 roles: this will enhance support to DN teams, ensuring that the registered workforce is able to focus on more complex needs and interventions, again aligning with the ambitions of Transforming Roles

## **5. Additional Investment in Respiratory Services**

5.1 Respiratory service referrals have increased exponentially over recent years, particularly in relation to prevention of admission for patients with Chronic Respiratory Disease, the aim being to support their care needs at home.

5.2 The implications of the Covid 19 pandemic have been significant for this cohort of patients, and the GG&C wide Community Respiratory Response Team have been able to provide safe and effective alternatives to admission, the Renfrewshire Respiratory Nurse Specialist being a designated first responder as an element of this team.

- 5.3 Currently the Respiratory CNS holds 87 patients on her caseload who require oxygen therapy, many of whom are nearing end of life and require frequent interventions to maintain them safely at home. There are also a further 35 patients on the caseload who do not use oxygen therapy but require regular input to be maintained safely at home.
- 5.4 Additionally, the service has been receiving an average of 44 referrals for prevention of admission every month. The existing Respiratory CNS is currently working overtime each week to maintain the caseload.
- 5.5 Current resource WTE 1.0 Respiratory Nurse Specialist working within wider RES team.
- 5.6 The respiratory nurse also has a focus on self-management education with patients and carers and was involved in the implementation of the COPD Rescue medication pathway which was developed and tested in Renfrewshire as an output of the Respiratory Interface Group. This was then adopted and will be implemented across Greater Glasgow and Clyde. This includes identifying appropriate patients in order to supply a COPD card which subsequently allows them to be able to seek treatment independently via pharmacy when they identify exacerbation, thus preventing delay and enhancing patient control. The Respiratory nurse is able to work proactively with patients to assist them with identifying warning signs to start the rescue medication promptly.
- 5.7 The respiratory nurse has also, as part of a QNIS Catalyst for Change project, continued to run a support group virtually targeting patients from hard to reach groups. This group has shown to be beneficial for the patients, provide a means to provide individualised and group education and has provided direct clinical support to patients who may not previously have engaged with services.
- 5.8 This aligns with both current research which has evidenced that people from disadvantaged communities are less likely to engage with services, hence experiencing poorer outcomes, and additionally Renfrewshire data evidencing that there are higher numbers of people with respiratory conditions in SIMD 1 categories. As the above cohort of patients are more likely to be admitted to hospital, targeting this group for the Take a Breather initiative may result in improved outcomes for these patients.
- 5.9 Considering the above the service would benefit from an enhanced resource with the objective of reaching more patients with respiratory conditions, working with them to self-manage and focus referrals towards community assessment and treatment to prevent avoidable admission.
- 5.10 Given current evidence regarding longer term impacts of Covid 19, including Covid fatigue, additional resource is likely to have a range of positive outcomes. This will involve a change of focus for the role and creates a need to increase the resource of the respiratory specialist nurse/AHP.

5.11 The Senior Management Team have agreed to the proposal for funding for 2 years for 2 WTE Band 6 nurses and 1 WTE Band 6 AHP who have significant respiratory experience and/or qualification to work alongside the current Respiratory CNS.

5.12 One of the posts will be expected to have current respiratory experience and the other post will have a Mental Health qualification, as access to psychological therapies has also been identified as a gap for patients and families.

5.13 Fixed term roles would create the opportunity for the Band 7 Respiratory Nurse Specialist to:

- Facilitate the sharing of knowledge and skills in management of respiratory conditions in the community
- Facilitate the opportunity to more effectively manage the large caseload, subsequently organising the caseload to delegate patients with less complex needs to the Band 6, with the cRNS focusing on people with more complex needs
- Provide the opportunity for a test of change to offer Pulmonary Rehab to people at home, this has been identified as a gap across GG&C as the ability to access/travel to central venues can be challenging for patients.
- Create a more resilient and responsive service, potentially providing a limited OOH response
- Maintain links with the Community Respiratory Response Team
- Enhance education for nursing and medical staff, therefore creating resilience in the event of conclusion of a fixed term resource
- Create potential for the Band 6 posts to undertake V300 Independent Prescribing to enhance the ability to manage the clinical journey for patients, aligning with the ambitions of Transforming Roles
- Consider a focused piece of work in relation to Anticipatory Care Planning aligned to the Unscheduled Care programme, this may be viable through existing resource.
- Evaluate the benefits/improved outcomes in order to inform services going forward.

5.14 The cost of this proposal is £412,427 over 2 years and will be funded from earmarked reserves, as detailed in the Chief Finance Officer's Financial Report 1 April 2020 to 31 March 2021 to this board.

## **6. Investment in Nursing Assurance across Renfrewshire Care Homes**

6.1 HSCP's have been advised that ongoing nursing assurance should continue until at least March 2022 as an element of ongoing arrangements.

- 6.2 Costs incurred were requested by the Board Nurse Director and a non-recurring amount allocated. Resource proposed is as below:
- Band 7 Practice Development Nurse (one year): opportunity to implement consistent core education/training across Care Homes and Care at Home including Tissue Viability/Food, Fluid and Nutrition/Pressure Relieving Equipment.
  - Extension of additional Care Home Liaison Nurse posts until end March 2022.
- 6.3 The cost of this proposal is £127,329 and will be funded from ear marked reserves, as detailed in the Chief Finance Officer's Financial Report 1 April 2020 to 31 March 2021 to this board.

## 7. Next Steps

- New DN ANP posts are currently at recruitment stage
- Posts related to the proposed enhancement of the Respiratory Team will be discussed with Staff Side partners and progress thereafter to recruitment following IJB approval.
- Posts in relation to Nursing Assurance will be progressed following IJB approval

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## Implications of the Report

1. **Financial** – Funding received in two tranches, May 70% and November 30%. There is joint engagement with CFO regarding recurring funding and with finance partners GG&C wide
2. **HR & Organisational Development** – Discussions and agreement have taken place both board wide and locally regarding new posts
3. **Community Planning** – No implications from this report
4. **Legal** – No implications from this report
5. **Property/Assets** – No implications from this report
6. **Information Technology** – No implications from this report
7. **Equality & Human Rights** – The recommendations contained within this report have been assessed in relation to their impact on equalities and human rights. No negative impacts on equality groups or potential for infringement have been identified arising from the recommendations contained in the report.
8. **Health & Safety** – No implications from this report
9. **Procurement** – No implications from this report
10. **Risk** – None.
11. **Privacy Impact** – No implications from this report

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## List of Background Papers – None

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## NHSGGC District Nursing- Additional Funding

### 1. Summary

- 1.1 Scottish Government (SG) committed in the integrated health and social care workforce plan for Scotland to increase District Nursing (DN) posts by an additional 375 nurses over the next 5 years, based on the current national skill mix.
- 1.2 In December 2020 SG allocated funding to Health Boards, and latterly provided indicative levels of funding up to financial year (FY) 2024/25. That funding allocated is summarised in the table below, along with the intended distribution for each of NHSGGC's HSCPs:

*Table 1: DN Funding by year and HSCP allocation*

Year	East Dun	East Ren	Glasgow	Renfrewshire	Inverclyde	West Dun	TOTAL
20/21*	38,583	34,767	275,755	68,826	34,767	44,150	496,848
21/22	120,768	108,822	863,125	215,430	108,822	138,191	1,555,157
22/23	164,369	148,110	1,174,740	293,207	148,110	188,082	2,116,618
23/24	207,624	187,086	1,483,883	370,367	187,086	237,577	2,673,623
24/25	251,571	226,686	1,797,971	448,761	226,686	287,865	3,239,540
<b>TOTAL</b>	<b>782,916</b>	<b>705,470</b>	<b>5,595,474</b>	<b>1,396,592</b>	<b>705,470</b>	<b>895,864</b>	<b>10,081,786</b>
<b>% SPLIT</b>	<b>8%</b>	<b>7%</b>	<b>56%</b>	<b>14%</b>	<b>7%</b>	<b>9%</b>	

\*6 months allocation

- 1.3 Funding is being allocated by SG on an earmarked basis, and will be formally approved each year by Parliament as part of the SG budget process. Allocations will be confirmed for the coming financial years following approval of the budget, usually by the end of January, and allocation will be 70% in May and 30% in November.

### 2. Current Position

- 2.1 Funded Establishments for DNs within NHSGGC's 6 Health and Social Care Partnerships (HSCP) are based on the 2012 model; one band 6 per 9,000 PP, two point two band 5 for each band 6, 0.5 WTE band 3 for each band 6, and one band 7 per 10 band 6 posts. Adjustments have been made based on local context and the needs of individual services.
- 2.2 The table below shows the current funded establishment and vacancy position for DN in hours service for March and November 2020. The funded establishment position describes District Nursing (day service) including non-clinical Nurse Team Leader band 7 posts, but excluding PCIP and temporary Practice Teacher band 7 roles.



Table 2: Current DN funded establishment and vacancy position

	NHSGGC District Nursing		
	Funded Est (WTE) Mar 2020	Funded Est (WTE) Nov 2020	Vacancy (WTE) Nov 2020
Band 7	10.1	10.1	1.0
Band 6	142.9	142.9	30.4
Band 5	314.1	315.1	8.1
Total	467.1	468.1	39.5

- 2.3 Some of the band 6 vacancies are expected to be filled in Sept 21 by band 5 staff currently progressing through the SPQ course. There are currently 32 students due to graduate in September 2021.

### 3. Proposed utilisation of additional funding

- 3.1 An indicative workforce planning exercise has been conducted to establish a road-map for each HSCP expanding its DN workforce within the expected financial framework to 2023/24. The first few years' implementation of this planned expansion and completion of the associated tests of change will inform further planning, with the current forecasted expansion being 47.8 WTE (approx.10%). Future planning exercises will extend to 2024/25 and seek to maximize utilisation of the planned investment by Scottish Government.

Table 3: DN recruitment forecast

Current End Point Forecast	24/25	Cost (£)
Band 7	13.8	2,847,413
Band 6	15.0	3,090,000
Band 5	13.0	2,121,750
Band 4	0.0	0
Band 3	6.0	687,660
<b>Total Additional WTE &amp; Cost</b>	<b>47.8</b>	<b>8,746,823</b>

Total Current Funding Allocation (£)	10,081,786
Still To Be Committed (£)	1,334,963

- 3.2 This is a workforce planning exercise based on indicative funding from SG and is subject to review. It should be noted that this exercise has been conducted with the intention of reviewing post viability and carrying out tests of change during the workforce expansion, so the current end-point of 47.8 WTE additional workforce is expected to vary.

3.3 Further consideration will be given to this framework, particularly for FYs 23/24 and 24/25, following analysis of the success of ANP recruitment and the impact on workforce stability and turnover rates following expansion of the workforce. Consideration of additional posts will combine a variety of inputs depending on the bands concerned, with examples of these inputs below:

Band 7: A number of HSCPs intend to appoint to Band 7 DN ANP (or tANP) posts. This aligns with the ambitions of Transforming Roles, in that these posts intend to maximise the contribution to nursing by enhancing senior clinical decision making, provide a clear career pathway for District Nursing, enhance leadership to teams, and impact upon avoidable admission to hospital. Given board wide issues in relation to recruitment and retention of Band 6 District Nurses it is anticipated that offering an alternative promoted opportunity which maintains a clinical focus will address this challenge and begin to stabilise the District Nursing service and enhance resilience. Some of these roles are intended to be an element of Hospital at Home Tests of Change. New posts will be evaluated in order to establish impact and decide on further investment. There are clear indications of the impact of these posts related to avoidance of unnecessary hospital admission even at this early stage.

Band 6: A number of additional posts are planned, however there is concern about a lack of available candidates for recruitment. HSCP's are currently supporting 32 students in order to attain local succession planning aligned to the 2012 model, in addition HSCPs plan to recruit to additional Band 5 posts to develop via the HSCP SpQ programme, so over time the Band 6 qualified DN workforce will grow. This growth will be additional to the current model and will address vacancies in the qualified Band 6 DN workforce. As there will be advanced clinical opportunities available as this workforce grows, it is anticipated that this will subsequently enhance retention rates, as opposed to staff seeking development opportunities in other areas of service.

Band 5: Additional Band 5 recruitment has commenced across the board, a number of these employees are likely to progress to undertaking DN SpQ in September 2021, therefore maintaining succession planning in relation to the Band 6 role. Additional Band 5 posts will also enhance resilience in the support of enhanced numbers of staff undertaking the SpQ programme, particularly as backfill has been a pressure in previous years.

Band 3: The addition of Band 3 posts will enhance support to services, to ensure that the registered workforce focus on more complex clinical interventions, so shifting the balance of care, and creating further opportunities which align with the ambitions of Transforming Roles.

4. Recommendation

- 4.1 This paper sets out a proposed road-map for the expansion of the DN workforce and is based on a collaborative workforce planning process between nursing leadership, service management, and management accountants.
- 4.2 The paper has been submitted to the Chief Officer Tactical Group and Board Nurse Director to advise on progress. GG&C IJB's will also be advised of funding and local plans.
- 4.3 Further updates on the progress of recruitment campaigns, and the finalisation of annual funding will be provided, along with progress updates required by SG.

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Dear Shiona,

**Adult Social Care funding Nurse Director**

Thank you for arranging via the Care Home Oversight Group to inform the Nurse Director of costs incurred in carrying out the duties associated with Care home assurance in the face of the ongoing pandemic.

We have collated the costs incurred across the 6 HSCPs and the corporate function and as expected costs exceed the funding available. We have therefore determined to proportion the available funding using a hybrid approach which measures both care home numbers and numbers of residents.

The funding which I plan to transfer to Renfrewshire is included in the table below and I trust this is acceptable

HSCP	No of Care Homes (all types)	No of residents	HSCP Allocations	
Glasgow City	101	3845	53.68%	£451,664
Renfrewshire	26	1096	14.56%	£122,535
Inverclyde	20	636	9.75%	£82,041
East Dun	18	634	9.21%	£77,471
West Dun	12	480	6.54%	£55,030
East Ren	12	440	6.26%	£52,670
<b>Totals</b>	<b>189</b>	<b>7131</b>	<b>100.00%</b>	<b>£841,411</b>

The Director of nursing will be in touch separately to discuss the professional expectations going forward.

Yours sincerely



**Fiona Buchanan**  
 Principal Finance Manager  
 NHS Greater Glasgow and Clyde