

Appendix 2

Summary Workforce Review Narrative by Service

1. Ambulatory Care

1.1 **Dynamic Health**

General

- No Current staff shortages, not significantly impacted by staff shielding/Covid absences.
- Likely service development in the immediate short term is to support the recovery of post-covid patients.
- Have enough technology to allow staff to work from home.
- Using telephone and video conferencing to great effect. Have undertaken 400 video consultations. Covid has been a vehicle for change and service offer is changing.
- Limited face to face contact. System approach needed to increase service offer to ensure patient flow. Acutes in planning phase.
- Rehab classes were stopped but now offering video one to one sessions and piloting small groups of 3-4 patients with rehab instructor.
- Understanding pain patients are being seen virtually. Pelvic health physio sessions are also being treated by video, have found that patients are more comfortable as in own home. Those patients who couldn't use video conference in own home have been seen in different settings.
- Using Covid as an opportunity for system change and development.

Supply and Retention

- 2 staff who had planned to leave cannot start new jobs so have remained within the service in the short term.
- MSK jobs that have been advertised have received lots of applications. All jobs advertised have been filled.
- Some staff have undertaken their physio qualification and moved into these role (entry level Band 5).
- 9 current vacancies.
- Plans to support 4 Business Admin apprentices. One recruited, one offer pending at the time of this report and 2 outstanding. If not recruited by June, new apprentices will be Level 2 Customer Service as Level 2 Business Administration is being phased out.

Training and Development

- Want to support staff to obtain Advanced Care Practitioner status. Will need funding for MSc and professional portfolio that links them to research.
- Education team supporting the service to review training needs for rehab instructors as universities currently not providing this.

1.2 **Oliver Zangwill Centre (OZC) and Evelyn Community Head Injury Service (ECHIS)**

General

- Services are being stepped up slowly but finding that it is 'stop, start' and not as fluid as they would like.
- Using staff flexibly across both ECHIS and OZC services.
- Potential move still of ECHIS service out of CCS.

- Future sustainability of OZC discussion ongoing, Commissioned for 20/21, 50% reduction in funding for 2021/22 so service review to meet this.
- Service delivery is currently virtual. Some clients have declined virtual therapy.

Supply and Retention

- Have tried to recruit staff to fixed term contracts but have been unable to.
- Would like to recruit a Band 7 psychologist – subject to funding via private income.
- One Rehab instructor start date delayed by Covid.
- 2 current vacancies.

Training and Development

- Rehab instructor due to start in March but delayed, will need induction, internal training and Care Certificate.
- Working with Education team on options to support staff member undertaking Masters.

1.3 Neuro Rehab Beds

General

- 4 staff shielding.
- Planned 60% activity in recovery Phase 3.
- Reviewing if appointments are being undertaken virtually.
- Working with MSK to help staff move into the new way of delivering therapy virtually.
- Currently a 7 day a week service to support discharge from Acute Trusts causing pressure within workforce. System conversation needed to step down.
- Staff have been, flexible and moved to 7 day working without consultation.

Training and Development

- Internal training to upskill staff.
- Bespoke Moving and Handling Training for specialist equipment on hold but plan to restart.

1.4 Dental

General

- Currently waiting direction from NHS England to understand what they are planning for dental services, workforce planning will reflect this once known.
- Ratio of three dental nurses and one dentist to work clinically.
- Urgent dental centres still working.
- Special Care Dentistry and Minor Oral Surgery services paused.
- Number of staff including leadership team working from home.
- Some staff are shielding and currently waiting for IT to allow them to work from home.
- Should be able to triage patients from home but need access to clinical systems which is not available yet.
- No oral health promotion and staff are working on a project to set up digital resources.
- Suffolk Special Care contract deferred until 01 November (should have started 01 June).

Supply and Retention

- Unlikely to be any staff turnover and NHS employment is more secure at the moment.

Training and Development

- Dentist training funding is part of contracts and is allocated in dental budget.
- Education team supporting dental nurses training plans.
- Peer/network of other PAs and mentoring offer.

1.5 **iCaSH**

General

- Several staff shielding, some working from home others are not able to until IT in place. No negative impact due to reduced activity and the service has spare capacity outside of the shielding group.
- Staff could be redeployed and plan for phlebotomist and nursing staff to administer staff anti-body testing.
- Capacity for face to face contact influenced by social distancing on site.
- Video conferencing used for contraception appointments and HIV reviews. Not suitable for GU Medicine.
- Moral impacted by the staff swabbing pilot. Feedback given to IMT.

Supply and Retention

- One Medical vacancy in Suffolk which has been difficult to fill, options under consideration e.g. part time consultant instead of full time speciality Doctor.
- Currently pausing recruitment unless critical.
- New Milton Keynes colleagues received virtual induction. The team transfer over to new site in the middle of June.

Training and Development

- Training Needs Analysis yet to be completed, however anticipated limited training required this year expect principles of telephone triage and use of video conferencing.

2. **Bedfordshire and Luton**

2.1 **Therapy Services**

General

- Back logs in OT due to Covid.
- Back logs in audiology and eye service, currently looking at using bank and agency to address.
- Stopped a lot of services, now working towards incrementally stepping up service provision.
- Nutrition and dietetics working at full capacity but virtually.
- Phase 3 planning document captures workforce planning updates and will identify additional staff needed. Anticipated additional resource needed for 6 months to catch up.
- Currently awaiting guidance from CCG/NHS England.
- Faiza to send round shielding spreadsheet.

Supply and Retention

- SALT in better place with staffing than have been for couple of years.

- OT have appointed Band 5 OT.
- Audiology; still difficult to recruit to audiology, hoping to get locums back. Have recruited a joint senior lead post with Bedford hospital which should have a positive impact on recruitment retention.
- Eye service – currently recruiting. Hoping to get one locum back.
- Simon – look to over establish if possible.
- Nutrition and dietetics have one vacancy out at the moment. One maternity leave. Okay staffing wise.

2.2 Luton CYP Services

2.2.1 0-19 HCP

General

- Reviewing and revising clinical pathways. Looking ‘outside of the box’ on how to use staffing skill mix due to difficulty in recruiting Health Visitors. Using staff nurses and nursery nurses.
- Current staffing about 50% of what Benson would say but financial package smaller than what’s needed.
- Simon – if have opportunity to over recruit can we have conversation about doing so.
- Would like to arrange another call in 2 weeks to discuss developments.

Supply and Retention

- Pipeline more positive picture at the moment.
- 3.4 Health visitor vacancy, hopefully will recruit current students.
- One health visitor going to Bedford so will be vacancy.
- 2 staff nurses about to go on SCPHN training, have interviews set up to recruit.
- 2 school nursing vacancies but have interviewed.
- Have a constant turnover of staff and this is likely to continue.
- Want to continue with RRP for school nursing and health visiting or see it increase.
- Have created Band 7 posts to encourage staff to stay and develop.

2.2.2 Children’s Community Nursing

Supply and Retention

- 4 staff going on mat leave and likely to come back part-time.
- Some retire and return.
- One Special SN on fixed term contract, speaking to finance about trying to make substantive.
- Rapid Response expanding into Beds, 7 day service.
- Not able to recruit to Rapid Response Team.

2.3 Bedfordshire CYP Services

2.3.1 0-19 HCP

General

- High number of shielding staff who are working virtually.
- Delivering essential service without a problem, just organising which staff can do visits and which can work remotely.
- No current workforce issues.

Supply and Retention

- Workforce in a good place.
- Had Health Visitor and School Nurse vacancies and interviewed and recruited current SCPHN students. After recruitment will be left with a 0.6 Health visitor vacancy.
- B5 vacancies filled.
- Safeguarding Lead post out at the moment and have received applications.
- Some staff have been redeployed into Children's Community Service.

2.4 Children's Community Service

General

- Completing phase 3 recovery plans.
- Staff redeployed into CCN team from 0-19 to manage 7 day service. The staff have refreshed clinical skills.
- Special School Nursing; splitting CDC functions along with budget. Currently in business continuity. Unclear of vacancies but will need recruitment.
- Continuing care team in discussion with commissioner to say too many children with continuing care funding. Putting together evidence and funding. Would need to recruit 2 more nurses. Looking at working with social care as could pick up children who don't meet criteria for continuing care but have physical medical needs. Avenue for new business. Should be a joint commissioning venture.

Supply and Retention

- Completing business case for 7 more posts for CCN team which will entail a lot of recruitment. If business case is not agreed then will have to hand back 7 day service.
- Health visitors from 0-19 team are finding the clinical role with the health promotion is positive.
- Paediatric continence the lead is retiring and hopes to return for 2 days. Will be a difficult post to recruit to. Currently manages mainstream children (under 4 years) and Special Needs. Consideration of Special SN team to take Special Needs caseload and mainstream children's caseload managed on 2 days a week.

Training and Development

- Awaiting confirmation from HEE on community children's nursing commissions to include finding model. Would like to put one Children's community nurse and one special school nurse on the course. Jacqui to clarify if initial scoping exercise detailed salary support.
- Have a Band 2 in special school nursing and would like to offer Assistant Practitioner apprenticeship. Have gone through recruitment process but Julie to check whether will accept late applications.

2.5 Community Paediatrics

General

- We haven't given a slot for admin in workforce reviews – to be added next time.

Supply and Retention

- Luton have 2 WTE Consultant Paediatrician vacancies. 1 WTE Specialist Doctor – potential applicant.

- In Bedfordshire mapping clinical pathways and looking at capacity for clinical time and admin. Making a business case for more nursing and skill mixing posts.

Training and Development

- In Bedfordshire recruited one specialist nurse and interviewing another – will need V300 prescribing course.
- PAs/Medical secretaries – would like online training on providing effective PA support.
- One/two nurses to have access to ADOS training.
- For ASD/ADD training mixture of internal and formalised training.
- In Luton, will be recruiting into clinical nurse specialist role for continence, will need ERIC course and speciality training depending on what skills they come with.
- Doctors need touch typing skills.
- Clinical – growth monitoring training – offer internally.
- Resend TNA document to Augustina.

3. Cambridgeshire Healthy Child Programme

3.1 0-19

Supply and Retention

- Have continued to recruit through Covid.
- Recruited 1.8 WTE in south locality.
- 4 WTE Health Visitor vacancies in whole of Cambridgeshire.
- Holding 2 vacancies until B7 consultation period ended.
- Available to work WTE workforce is an issue.
- South locality has 5 WTE on mat leave, 1 coming back early.
- Some agency in post particularly in Fenland. Looking to put together exit strategy.
- SCPHN students to complete end of year following extension.
- Dual HV/SN qualification relevant to 0-19 service nursing would be helpful to take on families with safe guarding who have siblings of school age.
- Dual qualified staff is Service redesign priority for 5-19 service. Have had a rolling school nurse vacancy since Andrea has been in the service.
- Have recruited one school nurse who should start any time.
- Would like to explore Nursing Associate role.
- School nurse used to work with emotional health but now with more mental health support in schools the role could move to physical health.
- 21 staff shielding in North locality, carrying out role from home. Not yet had spreadsheet back from South locality. Teams 'buddying' up for visits if have staff shielding.
- Track and trace could have an impact on staff availability.
- Annual review of RRP – Health visitors in Wisbech – looking to continue. Need to consider an exit plan.
- Have been supporting secondments and career breaks. 2 out of 3 career breaks have now returned.
- CQC are doing a 'light touch' inspection in July. John to pick up reporting of HV case numbers with Liz.

Training and Development

- 6 places for conversion course from Health visitor to school nurse. Wish to engage with ARU to see what course looks like with social distancing. Note if delivered virtually we do not have to use ARU, could use any HEI.
- Bladder, bowel continence course in Birmingham.
- TNA has been completed, Andrea to look over.

3.2 **Emotional Health and Wellbeing Service**

Supply and Retention

- Children's Wellbeing Practitioner team stable, employed by CPFT.
- Mental health support team – 8 trainees Band 4, 4 supervisors Band 7, 2 8a Clinical lead and admin posts.
- Emotional health wellbeing practitioners (5.5 WTE), following funding change moving to 3.2 WTE.
- Mental health support teams – won contract for 2 more areas so will need to recruit 16 additional staff.
- No one shielding for themselves in the team but some shielding because of family members. Sara to send spreadsheet back to Nicola tomorrow.
- Note that working at home with young children is a pressure.
- Would like more funding for Children's wellbeing practitioners, hopefully next year.

Training and Development

- Could host trainee psychologists (students) as now have a relationship with UEA but could also take students from Hertfordshire. Will need to go through Professional Education Placement team.
- Would like senior staff to undertake EMDR training so could add trauma arm to service. Training is £3000 for 10 days training through EMDR association.
- CBT diploma for Band 6 staff, would not be able to release staff this year.
- STEPS training (behavioural management) for B6 staff.
- Supervision course through CBS for senior staff.

4. **Cambs Specialist Service**

4.1 **Children's Community Nursing Team**

General

- A couple of shielding staff.
- Had a short period of being fully staffed.
- Workforce is being designed around a package of care.

Supply and Retention

- One resignation and one pending resignation – going to take this change to review and think about establishment and bandings.
- One long-term sick in continuing care.
- Two maternity leaves.
- Capacity at the moment is okay.
- Challenge of delivering Special Schools' model due to increase in schools.
- Have been able to recruit from last round of adverts – did not do anything differently.
- New children's hospital has potential for service to be more linked in with CUH with the creation of possible joint posts.

Training and Development

- One staff member has an interview for Nursing Associate apprenticeship on Wednesday.
- Has completed TNA.

4.2 **Physiotherapy**

Supply and Retention

- One maternity leave, one returner from maternity leave in August.
- No vacancies.
- Service specification review taking place but no extra money so can't deliver more in current capacity.
- Two vulnerable staff – one mat leave, one continuing to deliver face to face work.
- Opportunity to work with children's hospital for development of joint pathways.

Training and Development

- TNA completed last week with Nicola Foreman.
- Training for physios and OTs provided by independent providers, not HEIs.
- Unsure whether courses will run as some include doing physical assessments.
- Query whether could pool training needs with MSK, but training is service specific.
- Have one person interested in physio apprenticeship however apprenticeship is adult orientated.

4.3 **Occupational Therapy**

Supply and Retention

- One mat leave was covered but now the person covering has gone on mat leave. First person coming back but reduced hours. Hours are backfilled from core team, but no one to backfill those.
- Band 6 OT WTE is leaving at end of July and have approval to recruit.
- Lots of part-time staff.
- Difficult to recruit to paediatric OT.
- Did have a Band 7 WTE vacancy but this has disappeared from staff Line.
- Band 7 34 hours in Wisbech retiring at the end of December. T old by finance can't recruit as too soon. John needs to know these issues so can chase. Nicola Foreman to go back to Gary (finance) and copy in John.
- Nicola raised that it would be helpful for Finance to be involved with workforce planning meetings as their planning does not tally with workforce plans. Workforce planning meetings are creative and forward thinking but finance processes don't work that way.
- Buy in from positive behaviour service – service level agreement.
- CUH approached for joint OT orthopaedic. Minimum increase of 8 WTE.
- Have a number of people shielding but working remotely.

Training and Development

- Worked with Jacqui Taylor to complete TNA.
- Would like to support a therapy assistant to undertake OT apprenticeship. 2 interested. Coventry University seems most practical course in how it's delivered. Challenge is that therapy assistants support both OT and Physiotherapy.

4.4 **SALT and Dietetics**

General

- Suspended all but essential services, had a drop in referrals.
- Therapists doing test virtual calls on each other but now need to get on and see patients virtually.
- Therapists have done project work looking at research and best practice when doing video consulting including YouTube videos, guides and planning and delivering virtual sessions.
- Band 4 assistants usually do follow up work in schools. The trained therapists and developing virtual therapies. Unidentified role for Band 4s currently within delivered service – training to deliver virtual therapy.
- No staff shielding.

Supply and Retention

- Full-time Band 7 – RAM approval.
- 0.6 WTE Band 7 due to retire in July but may stay a bit longer.
- 0.6 WTE Band 7 ill health retirement.
- 2 staff should be returning from maternity leave although one extending mat leave.
- Incorporating new starters during this time has been tricky. One new member of staff has struggled with remote working.

Training and Development

- Training is through independent providers and not HEIs.
- Training sessions have been cancelled.
- SALT apprenticeship not being delivered yet.

5. **Luton Adults**

General

- Integrated discharge team has gone to 7 days (?).
- Enhanced Collaborative Models of Care (ECMOC) funding has served as baseline £800k for first 2 quarters of year. Mark Robbins pragmatic about it as carrying vacancy rate.
- Palliative care has gone to 7 days, no more funding, position to be reviewed.
- SMT presence over 7 days, enables better level of resilience.
- Working with Luton borough council. If care homes have problem with staffing then we may have to go in to support.

Supply and Retention

- Shortage in pipeline of nursing.
- Trying to recruit to both generic and specialist roles.
- Specialist roles are often filled internally.
- Have been working through how to think differently about workforce. How to get numbers in, create succession planning and invest in training and development.
- 45 staff working from home – shielding and high risk.
- 29 vacant posts.
- 22 staff posts impacted.
- March had high levels of sickness. Both long term and short term sickness have started to dissipate. During Covid caseloads have been re-evaluated, staff felt under less pressure which has had positive impact on sickness.

- Attrition rate in district nursing quite high but people go from there to specialist posts. Priority should be to recruit to district nursing.
- Noted that iCaSH develop own specialist staff as could not recruit. Potential to run recruitment campaign to develop specialist staff.
- On-going problem in recruiting to SPA. 0-19 SPA helping out Adults service.
- Taking of leave has been tricky, work to look at how many staff will have taken 50% of leave by September. Some staff reluctant to take leave. Concerned that won't have resilience in latter part of year if everyone takes leave later on.
- Retention of district nurses - more positive because staff feel more valued, caseloads reviewed.
- Not seeing too many retire and return as people are working longer. Retire and return can restrict other people's development as retiree keeps part of role at same level.
- Will have some qualified Nursing Associates and Registered Nurses in September.
- Discussion about RRP payment. Not currently in place. Could use 'golden hello' rather than continual payment.
- Strategic progress around skill mix. Need to ensure doesn't leave short clinically if recruit lots of support staff.

Training and Development

- Abbe has completed a refreshed TNA.
- 3 months already lost due to Covid and not used training.
- TNA not a lot of change takes into requirements for clinical teams and who could realistically release for training.
- Plans to start recruitment process for Nursing Associate Apprenticeship, Registered Nurse Apprenticeship and District nurse specialist qualification.
- Virtual delivery of courses make is easier to manage rotas.
- Jacqui and Lyn to review TNA.
- TNA for non-clinical needs to be refreshed.
- IV administering and phlebotomy training are delivered within existing team. Good news story.

6. Norfolk Children's Service

General

- Tracking staff on a daily basis.
- Low sickness.
- Good availability of staff.
- 45% of staff can do home visits.
- Using 'attend anywhere' for virtual visits.
- Track and trace could have an impact on staff availability.
- Less a workforce issue and more about how to manage operationally.
- Shielding spreadsheet has been sent out to capture those shielding and medically suspended.
- Laptops have been requested for those who are shielding but current 2 week wait. Problem for administrative staff rather than clinical.
- Don't foresee any problems with staffing when moving towards recovery plans.
- Reviewing 5-19 pathway.

Supply and Retention

- Very few vacancies, not enough vacancies for current students.
- Have been carrying on with recruitment of leadership posts.

- Decision made not to recruit school nursing student this year.
- Recruiting named nurse vacancy and would like to conduct a 'warner' style interview to recruit for resilience, values and attitudes needed for the post. John and Sian to pick up with Nicola.
- Have been gathering feedback from staff recruited via Teams or joined during period. Feedback has been positive.
- For just one Norfolk post planning both a presentation and questions via Teams and a socially distanced face to face interview.
- Recruitment for SCPHN students to be delayed as Course deferred to January 2021. Plans to review recruitment process as had several students leave this year. Plans to reduce numbers of HVs students to 8. Starting recruitment process in September.
- High attrition rate for current years SCPHN Students.
- Query around those who have been seconded. Do we expect the host organisation to follow same PPE rules and estates process? To be raised with Angela as need agreed approach across the Trust.

Training and Development

- Sharon has completed TNA.
- Services asked to colour code training to show which is essential versus developmental (3 tiers).
- Important to have a fair and transparent way of funding training.
- Query on individual who is self-funding leadership course which is not essential to role and what support we can offer.
- Sharon to get back to Julie on numbers for Assistant Practitioner Apprenticeship at City College Norwich. UEA not able to run Registered Nurse degree apprenticeship child yet as need a viable cohort.