

**MEETING:** CAMBRIDGESHIRE COMMUNITY SERVICES NHS TRUST BOARD

**AGENDA ITEM:** 7

**DATE:** 07 MAY 2014

**REPORT TITLE:** NURSING ESTABLISHMENT – SIX MONTH WORKFORCE REVIEW

**REPORT FROM:** MANDY RENTON – CHIEF NURSE  
ANITA PISANI – DEPUTY CHIEF EXECUTIVE/ DIRECTOR OF  
WORKFORCE AND TRANSFORMATION

DECISION	NOTING	DISCUSSION
	X	X

## Executive Summary

- In December 2013, the Trust Board received a nursing workforce establishment review. Since then considerable progress has been made and all streams of work have been pulled together under the umbrella of a Trust wide Workforce Review Programme which is led by the Chief Nurse and the Director of Workforce and Transformation.

This report is the second nursing establishment review for the Trust and is in line with national expectations for Trust Board's to formally review nursing establishments in a public board meeting. In addition, as previously reported the majority of the Trust's other clinical services have also undertaken workforce reviews and progress with these are reported through the Trust's Quality Improvement and Safety Committee.

- Key successes have been achieved across the nursing services in line with the agreed principles, such as ratio of staffing to patients; intentional rounding; supervisory ward managers; improving the administration of recruitment; raising the public profile of the Trust; successful recruitment to some hard to fill posts and the identification of an alternative provider for temporary staffing services.
- Recruitment of experienced registered nurses and health visitors remains difficult and this will continue to be a main area of focus for the Trust. It is important to ensure that the correct balance between a newly qualified and experienced workforce is achieved and actions to review this and address any issues are currently being put in place.

**Legislation, Regulations or directives relevant to the report** & assurance that any expenditure recommended in the report is compliant with internal policies and procedures and is lawful.

- The Francis Inquiry (2010) and the (2013) government's response
- Compassion in Practice – the nursing strategy Dec (2012)

- The Berwick Review into Patient Safety (2013)
- The Cavendish Review (2013) – an independent review into healthcare assistants & support workers
- The Royal College of Nursing guidance on safe nursing staffing levels in the UK (2010) and the subsequent position statement (July 2013)
- National Quality Review– How to ensure the right people, with the right skills are in the right place at the right time (2013)

**Level of Assurance that can be given to the Trust Board from the Report**

(Significant, sufficient, limited, none):

Sufficient

**Board Assurance Framework No:**

BAF 175 – Services fail to remain CQC compliant

BAF 126 – Recruitment and Retention

**Recommendation to the Trust Board**

To discuss and note the progress made with Nursing Workforce Reviews.

## 1. PURPOSE OF THE REPORT

### 1.1 Trust- wide Nursing Workforce Review

- 1.1.1 The purpose of this report is to present to the Board a refresh of the Nursing Workforce Review presented in December 2013.

## 2. BACKGROUND INFORMATION

### 2.1 Background

In February 2013 the Board endorsed a proposal to review staffing levels on an organisational wide basis annually. In May 2013 workforce reviews were undertaken for inpatient wards, inpatient paediatrics and special care baby unit and district nursing and these were reported to the Trust's workforce committee. A reminder of the findings from these reviews and an update on progress is detailed in section 4 of this report.

The recommendations from these reviews were presented to the public Trust Board in May 2013. These recommendations were accepted and enacted. Nursing quality indicators and key safety and outcome measures were used to inform recommendations. Clinical leaders were instrumental in designing and delivering their local staffing reviews.

A nursing establishment review was undertaken and reported to the Trust Board in December 2013. At this meeting the Trust Board agreed the following key principles to guide the Trust's workforce reviews:

AREA	PRINCIPLE
Supervisory ward manager	Applied to all inpatient wards
Adult ward staffing ratio	1 Registered Nurse to 8 patients
Ratio of registered staff to non registered staff on adult inpatient ward	65:35
Minimum registered nurse staffing at night for adult inpatient ward	Two Registered Nurses
Maximum short term agency staff cover	50%
Dependency tool for adult inpatient wards	Northwick Park
Special Care Baby Unit (SCBU) staffing levels	1:4
Paediatric staffing	1:6

Intentional rounding	In place on all adult wards

In September 2013, the Board received a further report from the Chief Nurse which included an independent review of the work that the Trust had undertaken to date. The Board noted that in addition to undertaking workforce reviews for all service areas annually, it would also undertake six monthly reviews of nursing establishments in line with national expectations. A template for future reviews was developed and this has then been used by clinical and service leads.

Workforce reviews have continued to be undertaken across the Trust. Progress against local plans are reported by Unit Leads via the relevant Clinical Operational Board.

### **3. KEY POINTS**

#### **3.1 TRUSTWIDE WORKFORCE REVIEW PROGRAMME INITIATED**

3.11 A Trustwide Workforce Review Programme was launched in December 2013, with the main objectives of the programme being:

- To have a programme of six monthly nursing workforce reviews across the Trust
- To have a mechanism to implement changes identified as part of these reviews
- To review and evaluate changes implemented as a result of the reviews
- To have planned links with the Local Education and Training Board (LETB) and the Workforce Partnership group
- To have robust attraction, recruitment, retention and bank processes in place
- To have an efficient and effective recruitment administration programme
- To have a nursing ratio and escalation process with a new supervisory model for wards and a new peer review model
- To have a new acuity model in place
- To have identified Continuing Professional Development (CPD) in place where gaps have been identified

#### **3.2 THE KEY PROGRAMME DELIVERABLES (PHASED):**

Phase 1 - Dec 13 – March 14	
1	Recruitment campaign implemented
2	Recruitment admin process redesigned
3	E-rostering system reviewed
4	Future workforce supply initiatives implemented (Phase 1 of 2)
5	Workforce retention systems implemented

- 6 All workforce reviews completed (as shown in Para 1, p.2)
  - 7 All service/ unit workforce reviews implementation plans in place
  - 8 Workforce review outcomes discussed with commissioners where required
  - 9 Revised commissioning/ contracting model implemented where required
  - 10 Revised skill mix guidance produced
- Phase 2 commenced April 2014
- 11 Redesigned recruitment admin process implemented
  - 12 Further workforce supply initiatives implemented (phase 2 of 2)
  - 13 Temporary staffing services reviewed and a solution implemented
  - 14 Recommendation for standardisation of clinical job titles
  - 15 New peer review model implemented
  - 16 Nursing ratios and escalation process implemented
  - 17 New acuity model implemented (if appropriate)
  - 18 New supervision model for Health Visitors implemented
  - 19 New supervisory model for inpatient wards reviewed and recommendations made
  - 20 CPD and education in place to fill identified gaps
  - 21 Systematic 6 monthly reporting system in place to receive 6 monthly workforce reviews
  - 22 Talent Mapping – addition to scope in January 2014
  - 23 Succession Planning – addition to scope in January 2014

### **3.3 KEY INTERFACES**

- 3.31 The Trust- wide Workforce Review has a key interface with the Releasing Time to Care (RTC) for Community Nursing. For the purpose of this report an update on the progress of the RTC is included in the body of this report.

### **4. PROGRESS AGAINST AGREED NEXT STEPS (4 December 2013)**

- 4.1 As previously stated a Trust-wide Workforce Review Group, jointly chaired between the Chief Nurse and Director of Workforce has been established. The first meeting took place on 19<sup>th</sup> December 2013. Members of the group are the Head of Professional Practice, Head of Workforce, HR Consultant, Strategic Workforce Planning Lead, Education and Finance lead.

- 4.2 In line with the Government's Response to the Francis Report, the Trust Board will undertake six monthly formal nursing workforce reviews in public – May 2014 and November 2014 were agreed, this being the May 2014 review.
- 4.3 In January 2014, the Board undertook a gap analysis and discussed explicitly the 10 expectations outlined in Jane Cummings report 'How to ensure the right people, with the right skills, are in the right place at the right time'.
- 4.4 Monthly progress reports were provided to each Clinical Operational Board from January 2014. This is now business as usual and Unit Leads are reporting progress on a regular basis.
- 4.5 The Trust contract leads have had conversations where relevant with commissioners in line with the outcomes of these reviews and additional funding has been secured for phlebotomy services in North Cambs and Continuing Health Care in Luton. .

## 5. RECRUITMENT AND RETENTION

- 5.1 A Recruitment Strategy and implementation plan to address recruitment hot spots is in place and progress was presented to the Trust Board meeting in February 2014.

Over the last quarter, the Trust has focussed additional resources for recruitment and retention activity on those services with difficult to fill long standing vacancies. These are:

- Community and ward based nurses
- Experienced Health Visitors
- Acute Paediatric Nurses
- Specialist nursing posts in Luton
- School nurses
- Muscular Skeletal Services has recently been added to the work plan

- 5.2 The Trust has established a dedicated internal recruitment team to support services in addressing their recruitment hot spots and has established a specific budget for recruitment initiatives. The team is providing additional capacity to the recruitment administration services currently provided to the Trust. The team has been in place since November 2013 and consists of the following:

- HR Consultant
- Senior Human Resources Business Partner
- Recruitment Project Support Officer
- Recruitment Support Officer – from 22 April 2014 to support Health Visiting recruitment in Luton. This post is externally funded by Health Education East of England.

- 5.3 A high profile recruitment campaign has been launched, '**face of the service**', utilising pictures and quotes from staff in the difficult to recruit to areas. These have been used on Facebook, Twitter and the external website to raise awareness of the Trust and the

opportunities available. Facebook has been very successful in raising awareness with 40 000 'hits' for some of the advertising.

- 5.4 A series of open days and recruitment fairs have been organised in Huntingdon, Peterborough, Luton and Cambridge with co-ordinated banners and livery. More are planned for the coming months including a fair in Manchester and London; and a schools career fair. Of note, Huntingdon intermediate care services recruited to all of their Band 2 and 3 vacancies as a result of the open day which was much more effective than advertising on NHS Jobs.
- 5.5 Values based selection days have been held for Band 5 nurses in Huntingdon and for newly qualified nurse rotational scheme in Cambridgeshire. All eight vacancies were filled and Huntingdon have now filled all of their Band 5 community nurse vacancies. The candidates and interviewers reported that they were very pleased with content and outcomes of the day.
- 5.6 The Preceptorship process for newly qualified nurses has been reviewed and redesigned. A new community nurse clinical skills induction week has been implemented to ensure all new staff have the appropriate skills necessary for our services. We have also introduced nine Year 3 student placements in Cambridgeshire to ensure newly qualified staff are more confident about applying for posts in community services. Year 3 placements were already in place in the Luton locality.
- 5.7 In addition, the Trust is exploring the development of a preceptorship academy which will provide additional support, guidance and mentoring to our newly qualified nursing staff and their mentors. This is to ensure that our more experienced staff are able to balance their workload effectively between service delivery and mentoring as the novice workforce increases. In addition, work will be undertaken with our clinical nursing teams to agree a safe ratio of newly qualified to experienced staff.
- 5.8 The recruitment process has been reviewed; following interviews with recruiting managers and a survey of new starters, process mapped and a number of improvements have been made. A new training session for service leads and administrators has been launched to support this. Four sessions have taken place and more are planned. The status of vacancies and progress in recruiting to them is monitored fortnightly and support is offered with particularly busy periods in the recruitment process e.g. ensuring timely completion of pre-employment checks. We are now working with our recruitment administration provider to replace the current internal recruitment administration system with the NHS Jobs system to redirect the resources of the recruitment administration provider, increase automation opportunities and remove some of the blockages to effective recruitment.
- 5.9 The Trust has set an internal target of 95% of recruitment plans to be completed from advert to start date (including four weeks notice) of less than 13 weeks. A review of posts advertised since December is underway to monitor achievement of 13 weeks. Changing to NHS Jobs administration system will enable more effective monitoring and reporting against this target.
- 5.10 The administration of bank and agency workers has been reviewed. The current supplier was found not to working at an appropriate standard and was judged unable make improvements to the services. A new provider of this service has been identified and the new service will begin from 1 July 2014. The new service includes office cover up to 7.00pm on weekdays and Saturday morning. A plan is in place to manage the seamless transfer of this service.

5.11 The vacancy rates in the hotspot services are detailed below. These rates are being monitored along with turnover, to assess the effectiveness of recruitment activity. It should be noted that the commissioning decision relating to Adults and Older people may impact on the recruitment and retention of staff in these services and this will be closely monitored.

Area	Jan	Feb	March
Adult services	19.63%	17.88%	16.43%
Childrens' services	20.63%	21.27%	18.42%

5.12 Of the vacancies detailed above, since January 2014, through providing support to service leads and more effective advertising, we have been able to fill i.e. posts are offered and candidates are having pre- employment checks and or start dates agreed.

- 49% (32.6) of the hard to fill vacancies in adult services, including 14.3 Band 5 nurses (51.9% of vacancies)
- 30% (14.8) of hard to fill vacancies in children's services including all registered nursing vacancies on the Holly Ward.

## 6. PROPOSED NEXT STEPS

Continued implementation of the workstreams and tasks of the Trust- wide Workforce Review Programme as listed at 3.2 which includes:

- undertaking six monthly formal nursing reviews, of which this is the second;
- continuing to implement the recruitment implementation plan and provide progress reports to the Board via the Trust's Quality Improvement and Safety Committee;
- Unit Leads continuing to report progress on their workforce reviews through their Clinical Operations Board;
- continuing to work with the Trust's contract leads where there is the identified need of a commissioning conversation about resource/ models;
- continuing to support services with workforce modelling and workforce information;
- developing and improving support and guidance to newly qualified staff and their mentors.

## 7. RECOMMENDATION TO THE TRUST BOARD

To discuss and note the progress made with Nursing Workforce Reviews.

**Author's Name:** Jenny Maine – Project Manager – 24 April 2014

**Appendix 1** – Nursing Workforce Reviews by Service

**Appendix 2** – Glossary of Terms

## APRIL 2014 REFRESH OF WORKFORCE REVIEWS FOR NURSING SERVICES ACROSS THE TRUST

The Quality Early Warning Trigger Tool for Jan to March 2014 is included for each service. The key to the colour coding is as follows:

### Scoring

	0-9
	10-15
	16-24
	25+

ADULT AND OLDER PEOPLE'S SERVICES				
SERVICE NAME	UPDATE			
<b>Adult In-Patient Wards – Cambridge and Ely and the Fens</b>	<b>Lord Byron Ward, Brookfields Hospital, Cambridge</b>			
	<b>Jan-14</b>	<b>Feb-14</b>	<b>Mar-14</b>	
	<b>QEWTT</b>	<b>QEWTT</b>	<b>QEWTT</b>	
	<b>5</b>	<b>4</b>	<b>4</b>	
	<p>Lord Byron Ward is a 20 bedded rehabilitation unit with 6 'Step up' beds. The staffing has not materially changed since the last report although the Unit now has fewer vacancies.</p> <p>The staffing is as follows:</p>			
	<b>Current Posts</b>		Whole time equivalent (WTE)	
	Band 1 Housekeeper		2.24	
	Band 2 HCA		16	
	Band 3 HCA		2	
	Band 5 RN		14.64	
Band 6 RN		2		
Band 7 RN Ward sister		1		
<b>TOTAL Non Registered nurses</b>		<b>20.24</b>		
<b>TOTAL Registered nurses</b>		<b>17.64</b>		
<p>Note:</p> <ul style="list-style-type: none"> <li>• The Band 1 post is being phased out</li> <li>• The Band 3 posts are being converted to Band 2 as staff leave.</li> </ul> <p>The following working pattern and safe staffing levels on shifts are:</p>				
<b>Shift</b>	<b>RGN</b>	<b>HCAs 2/3</b>	<b>Housekeeper</b>	<b>RN:HCA ratio</b>
Early	3	5	1	38:62
Late	3	3	1	50:50
Night	2	2		50:50

- The registered nurse ratio has been applied using RCN guidance
- The ward manager is supervisory
- The ward is also supported by qualified therapists and assistants

Registered nurse vacancies:

Dec 2013		May 2014	
Band 6	0.8WTE	Band 6	0.6 WTE
Band 5	4 WTE	Band 5	1.26 WTE

Good progress has been made in recruiting to the vacant posts reported in December 2013 with only 0.6WTE Band 6 and 1.26WTE Band 5 currently being vacant.

Where required the short term vacancies are covered by long term agency or bank staff well known to the service thereby mitigating any risk to patient safety.

Qualified nurses to bed ratio equates to one qualified nurse for every 6.7 beds which is within the RCN recommendations of 1:8 for an acute medical ward.

The ward uses the Northwick Park Dependency Scoring tool and the Community Dependency scoring tool. These are being reviewed as part of the Trustwide Workforce Review programme in the Clinical Practice workstream.

#### Welney Ward and Trafford Ward – Ely and the Fens locality

	Score	Score	Score
	Jan-14	Feb-14	Mar-14
	QEWT	QEWT	QEWT
Welney Ward	18	16	16
Trafford Ward	9	9	9

Welney Ward and Trafford wards are both 20 bedded rehabilitation wards.

The current staffing is:

	Welney Actual Establishment WTE	Trafford Actual Establishment WTE
Ward Manager	1	1
Ward Sister	2	2
RGNs Band 5	11.19	10.31
HCA3	3.4	1.8
HCA2	15.59	12.44
HCA2 (housekeepers)	1.36	0.42
HCA1	0.85	0.91
Admin	2	1.16
Volunteers	1	5
<b>Total contracted nursing clinical WTE in budget</b>	<b>37.39*</b>	<b>30.04</b>

\* excluding 0.7WTE consultant cover

The following working pattern and safe staffing levels on shifts are:

Ward	Early		Late		Night	
	RGN	HCA	RGN	HCA	RGN	HCA
Trafford	2	5	2	3	2	2
Welney	2	5	2	4	2	2
HCA 1/ Housekeepers	1		1		0	

The following vacancies are being recruited to:

Ward	RGN WTE	HCA WTE	Housekeeper per	Admin
Trafford	Band 6 – 1 Band 5 – 1.8	1.6	-	-
Welney	Band 5 – 4	Band 2 – 3.4 Band 1 0.85	0.85WTE	1WTE Band 2 1WTE Band 3

Welney Ward:

Since the last review the following progress can be reported:

- The ward manager is supervisory (1WTE)
- There are 2 x Band 6 ward sisters (2WTE).

There has been a skill mixing exercise for Bands 1, 2, and 3 posts by decreasing Band 3 and increasing Band 2s. There is still work to be done to skill mix 2WTE Band 2 posts (housekeeping roles) to Band 1.

All newly staff recruited are working internal rotational shifts which allows flexibility. An additional admin role has been created to support both Welney and Trafford Wards. This role will undertake some of the compliance work for both wards.

Despite difficulties in recruiting Registered Nurses, the ward has recruited 1WTE Band 5 commencing June and have further interviews planned at end of April and in May. 2WTE Health Care Assistants are due to commence in June and 0.85WTE Band 1 housekeeper commencing end May.

Trafford Ward

Since the last review the following progress can be reported:

- The Band 7 Ward Manager remains supervisory.
- 0.8WTE Band 6 is in post
- 2 WTE Band 6 posts have been created by minimally reducing Band 5
- The focus was to increase the senior nurse WTE due to the increasingly higher acuity of patients being admitted.

Trafford has a lower level of Band 3 and 2 roles; they run with 5 on a late shift compared with 6 on Welney Ward. The ward also has less admin support however they are able to access additional admin support from the central admin team.

	<p>Successful recruitment has resulted in 1WTE Band 6 and 1WTE Band 5 (wef end June). The HCA posts have been recruited to and will commence end May.</p> <p>Skill set: Both wards are developing step up beds which require a different skill set. To enable them to be clinically effective the following skills need to be in-place within the teams:</p> <ul style="list-style-type: none"> <li>• Advanced assessment</li> <li>• Non-medical prescribing</li> <li>• RGNs required to undertake post reg courses in Diabetes, wound care , management of long-term conditions and palliative care</li> <li>• Management of IVs</li> </ul> <p>This training will be addressed during the 2014-2015 appraisal round and training will be planned accordingly. The Welney Ward Band 6 Sister has advanced assessment skills.</p> <p>Due to the high level of Registered Nurse recruitment on Welney Ward further training for discharge planning and Multi-Disciplinary Team working is planned for May and June 2014.</p> <p>Although the wards are operating with agency registered nurses and HCAs, the Trust has managed to put in place short-term agreements with an agency who are supplying regular staff, this allows the teams to plan ahead and include these staff in the off duty rota to provide continuity of staffing familiar with the ward and thereby reducing risks to patient safety.</p> <p>Next steps:</p> <p><u>Welney</u> To consult to change the Banding of 2WTE housekeeper posts to Band 1. Planned for June 2014.</p> <p><u>Trafford</u> To review the Band 2s to ensure six staff on the late shift. This will mean the increase of unqualified nursing staff by 4 WTE HCAs. To convert the HCA2 post on retirement and review admin input into the ward.</p> <p>A possible future development of a pharmacy technician role to work across both wards to release registered nurse time. Currently RNs spend several hours reconciling medication stock, sorting TTOs for discharge and making sure all medicines management standard operating procedures are complied with. This workload will be scoped for both wards to measure the impact.</p> <p>Each ward manager will develop a ward training plan to ensure all staff have the skills required to take the ward developments forward in line with this year's appraisals and PDPs.</p>
Community Nursing, Cambridgeshire	Community Nursing, Cambridgeshire and Peterborough – Report of Katie Neate, Project Manager, Releasing Time to Care

	Score	Score	Score
	Jan-14	Feb-14	Mar-14
	QEWT	QEWT	QEWT
<b>Cambridge, City and South</b>			
Planned Care DNs North City	29	28	21
Planned Care DNs South Cambs North	27	28	21
Planned Care DNs South City	33	29	24
Planned Care DNs South Cambs East	33	33	26
Community Matrons	10	LR(10)	5
<b>Ely and the Fens</b>			
East Cambs DN Hub	2	4	12
Outpatients clinical - Doddington	1	1	1
OOH Nursing	13	6	6
Doddington DN Hub	10	10	14
Wisbech DN Hub	7	9	11
Doddington Court	1	1	1
Community Matrons	1	3	3
<b>Huntingdonshire</b>			
HALOS	8	7	8
Hunts DN Hub	11	21	13
St Ives DN Hub	12	23	23
St Neots DN Hub	8	16	7
<b>Peterborough</b>			
Community Nursing Team 1	13	13	13
Community Nursing Team 2	19	17	17
Community Night Service	5	5	5

The Trust self-declared the Community Nursing service in Cambridgeshire and Peterborough localities to be non-compliant with Care Quality Commission (CQC) outcome 13 in December 2013 and subsequently received a moderate concern in relation to staffing. Current staffing is as follows:

WTE	East Cambs and Fenland Comm			Hunts Community		
	Budgeted Establishment	Vacancies	Recruitment Plan	Budgeted Establishment	Vacancies	Recruitment Plan
District Nurse Band 6	15.07	3	3	13.69	1	1
Staff nurse Band 5	46.24	8.7	8.7	27.9	5.57	5.57
OOH Band 5	4.71	0.98	0.26	4.58	0	0
<b>Total</b>	<b>66.02</b>	<b>12.68</b>	<b>11.96</b>	<b>46.17</b>	<b>6.57</b>	<b>6.57</b>

WTE	Peterborough Community			Cambs City and South		
	Budgeted Establishment	Vacancies	Recruitment Plan	Budgeted Establishment	Vacancies	Recruitment Plan
District Nurse Band 6	12.96	0	0	19.6	3.8	3.8
Staff nurse Band 5	37.5	5.6	5.2	49.6	4.6	4.6
OOH Band 5	0	0	0	0	0.6	0.6
<b>Total</b>	<b>50.46</b>	<b>5.6</b>	<b>5.2</b>	<b>69.2</b>	<b>9</b>	<b>9</b>

Of the vacancies in the table above:

- Ely and the Fens has offered 10 WTE – thereby leaving 2.68 wte vacancy
- Huntingdonshire has offered 4.5 WTE – thereby leaving 2.07 vacancy
- Peterborough have offered 3 WTE – thereby leaving 2.6 vacancy
- Cambs City and South have offered 4.8WTE – thereby leaving 4.2 vacancy

It should be noted that the scope of the Releasing Time to Care project has been revised following the decision not to take the Trust through to the next stage of the Adults and Older People's Procurement in Cambridgeshire and Peterborough, and incorporates all actions which the Trust has proposed to address the concerns raised by the CQC. These are grouped under three key areas of work:

1. To agree a service specification and an appropriate level of funding with commissioners which will enable the capacity in the teams to be increased, to meet demand, and to address the demography changes in our population.
2. To increase productivity and efficiency of the Community Nursing service through streamlined systems, processes, documentation and ways of working.
3. To undertake targeted recruitment activity to fill vacancies and undertake skill mix reviews within our Community Nursing teams.

As part of the 2014/15 contract negotiations, it has been agreed that the Trust's 'growth' funding for 2014/15 – circa £500,000 - will be invested in the community nursing service this year to help alleviate capacity issues. This is in addition to the new money invested during 2013/14 (which has now been made recurrent). The District Nursing County Management Group will agree how this will be invested to best affect across the county.

The Trust and Clinical Commissioning Group will work with the Locality Commissioning Groups (LCG) to reduce the current non core tasks undertaken by the service so that by the end June 2014 these have reduced to no more than 1% of patient facing time across each LCG area. The County Management Group will agree how this can be measured:.

Additionally the following steps have been introduced:

- It has been agreed that District Nurses should not carry out Continuing Health Care assessments for patients not on their caseload.
- A rapid vacancy authorisation process has been implemented to avoid delays in recruitment
- Successful nurse recruitment open days, overseas recruitment, 'face of the service' social media and press campaigns have taken place.
- Sourced agencies with a better supply of community trained staff to cover vacancies and recruited to bank worker positions.
- A specialist practitioner programme has been introduced
- Providing 57 digital cameras to enable district nurses to photograph pressure ulcers for immediate transfer to the tissue viability team, speeding up diagnosis and treatment.
- Pressure ulcer care training has been provided within care homes with 231 people attending to date. Plans are in place to extend this to the provision of training in other specialisms
- A rotational scheme for newly qualified staff has been introduced in Cambridge for April 2014 graduates and will be replicated for Peterborough and Huntingdon for September 2014 graduates.

Community Nursing Luton

**Community Nursing – Luton**

	Jan-14	Feb-14	Mar-14
	QEWTT	QEWTT	QEWTT
<b>Luton</b>			
DN Team A	20	20	18
DN Team B	17	17	20
DN Team C	20	17	12
DN Team D	20	20	20

DN Team E	20	17	17
DN Team F	12	12	15
DN Team G	17	17	20
DN Team H	19	15	12
DN Team I	24	20	21

Caseloads have increased during 2013 with the complexity of care increasing. The unit has integrated these teams within 2 clusters to remove duplication where possible and to make best use of the skills available. This year the investment in specialist nursing has offered new career pathways to these tea

Recruitment is difficult in this group however plans to mitigate these risks are in place and being discussed with Commissioners. In addition, the team has split itself in to planned and unplanned care teams.

Actions being taken are:

- Continuing with caseload reviews
- Continuing with the rolling recruitment process
- Management team working collaboratively to ensure that the services are supported
- Reviewing of capacity v demand to be undertaken and outcomes discussed with Commissioners as part of 14/15 contracting negotiations
- Dedicated and focused national and local recruitment initiative in place to address current vacancies and pressure points.

The current recruitment position is that of the 12.68 vacancies, 3.7wte have been offered and 3.18 wte are being interviewed.

Specialist Palliative Care – Cambridge and Peterborough

**Specialist Palliative Care Services – Cambridge and Peterborough – Service Manager – Liz Webb**

	Score	Score	Score
Team	Jan-14	Feb-14	Mar-14
	QEWT	QEWT	QEWT
Palliative Care Services IPU ARH	4	1	1
Palliative Care Services Patient and Family Support Team	1	1	0
Palliative Care Services Macmillan	0	0	0
Palliative Care Services Hospice at Home	3	6	4
Palliative Care Services Lymphoedema	2	1	4
Palliative Care Services Specialist Palliative Care Home Team incl Clinical Nurse Specialists	14	14	9
Palliative Care Services Day Therapy	0	0	2
Community Cancer Support Team	5	11	19

Inpatient - Arthur Rank House Hospice

12 bedded hospice. 4 side rooms and 3 bayed areas, based on the Brookfields Hospital site in Cambridge.

Current Establishment:

Band	2014/15 budget WTE
Band 1 Housekeeper	1
Band 2 HCA	9
Band 5 RN	12
Band 6 RN	2
Band 7 RN	1
TOTAL Non Qualified	10
TOTAL Qualified	15

Current working Pattern:

	RGN	HCA2/3	RN:HCA ratio
Early Shift	2	3	40:60
Late Shift	2	3	40:60
Night Shift	2	1	66:33

Current RN ratio: 1:6

Safe staffing levels are maintained by managing demand and or redirecting resources into the community to support patients in their own homes to ensure that the 1 in 6 Registered Nurse to bed ratio is maintained.

Ward Manager supervisory for 80% of the working week and works as part of the clinical rota 20%.

The biggest recruitment challenge is in relation to Band 5 posts .Access to temporary workforce is a challenge however the ratio of 1:6 is in place and maintained. Recruitment of flexible posts of registered nurses has taken place to improve this- 1 RN working across ward and hospice at home; 1 RN post-2 year rotation.

The service normally does not have a problem in attracting applicants due to the positive 'brand' and has recently been successful in recruiting 3 new RN posts.

Health Care Assistant Workforce the most stable and no recruitment issues for this staff group. When the service has advertised posts they receive a lot of good quality applicants.

Community Specialist Palliative Care Services

Current establishment is:

Band	WTE
7	3.8
6	2.2

The biggest challenge for the service is capacity, as, whilst the Trust is meeting its commissioned contract we are under resourced in line with national benchmarks. Previous discussions have taken place with commissioners in relation to them investing further in this service; however, to date this has not happened. The service will re-open these discussions with commissioners.

Hospice at Home

Current establishment is:

Band	2014/15 budget WTE
Band 7	1
Band 6	2.7
Band 2/3	15

No issues with recruitment and retention of the Registered Nurse workforce, however, this

service does have challenges in relation to being able to appoint to Health Care Assistant posts due to unsocial hours and the skill set required. Solutions to be addressed as part of the recruitment strategy and planning work currently taking place.

Day therapy service-Arthur Rank Based

Current establishment is:

Band	2014/15
7	1
5	1.6
2	0.6

This team is multidisciplinary-led by a clinical nurse specialist. There are no recruitment and retention issues in this team.

Cancer Pilot Team

Current establishment is:

Band	2014/15budget
Band 7	1
Band 6	2
Band 4	1.7

There are no issues with recruitment and retention of the Registered Nurse workforce; however, the service has been unable to appoint to the Band 4 Assistant Practitioner roles. Solutions for this will form part of the recruitment strategy and plan that is currently being developed.

Hudson Macmillan Centre-Wisbech

Current establishment is

Band	2014/15
7	1
6	0.8 (pending)
5	1.6

The Hudson Centre is a Day Treatment unit, operating Monday-Friday 9-5pm, providing day care and palliative drugs and blood transfusions. There are no workforce issues with this service. In the last 6 months a skill mix review has brought in a Band 6 role to enhance the service.

Intermediate Care, Ely and the Fens

**Intermediate Care Ely and the Fens**

	Score	Score	Score
Team	Jan-14	Feb-14	Mar-14
	QEWTT	QEWTT	QEWTT
Intermediate Care	7	6	4

Recruitment and retention can be problematic as the service is affected by new developments in other parts of the unit which can start before full recruitment is in place.

This service does not have problems recruiting to HCA posts, however the Band 4 SPA co-ordinator and B5 Care Co-ordinator are hard to fill posts. To address this development opportunities have been put in place.

Day staffing establishment:

Band	2014/15
8a	1

6	1
5	1
4	6.5
3	9.39
2	17.79

Night staffing establishment:

Band	2014/15
5	2
4	5.32
3	2.79
2	23.66

Vacancies:

Band 2 - 26 hours

Intermediate Care, Cambridge

**Intermediate Care (Cambs) – Service Manager- Marion Clarke**

	Score	Score	Score
	Jan-14	Feb-14	Mar-14
	QEWT	QEWT	QEWT
SC Intermediate Care Team	6	9	4
NC Intermediate Care Team	3	3	5
SCE Intermediate Care Team	7	6	6
SCN Intermediate Care Team	3	3	0
OOH Nursing & Intermediate Care	9	9	9

Current establishment figures are:

	ASC Intermediate Care Cambs	ASC Reablement	Intermediate Care Cambs (including OOH)	Re-ablement
Band 2	16.45	26.32	2.33	0.72
Band 3	9.72	1.73	3.25	5.03
Band 4	6.72	2	1.17	1
Band 5		1	11.14	
Band 6	1		10.11	
Band 7			4.28	
Band 8a			1	
Other grades	22.69		1	0.53
<b>Total</b>	<b>56.58</b>	<b>31.05</b>	<b>34.28</b>	<b>7.28</b>

Establishment figures for April 2014 (includes vacancies)

	Discharge Planning	OOH	Intermediate Care	Reablement 1	Reablement 2	Total
Band 2		2.0	38.15		32.99	91.38
Band 3		6.43	9.02	1	8.40	28.65
Band 4		0.72	4.67		5.53	11.52
Band 5	1.0	5.50	8.50		2	31.64
Band 6	11.07	3.07	1		1	18.14
Band 7	2	0.75	0.93			4.68
Band 8a			1			1
Other grades						2.6
<b>Total</b>	<b>14.07</b>	<b>20.47</b>	<b>63.27</b>	<b>1</b>	<b>49.92</b>	<b>192.61</b>

Intermediate Care services in Cambridge are primarily focused on re-ablement services as contracted by Cambridgeshire County Council (CCC). The workforce to support this is primarily Health Care Assistants where recruitment, whilst a rolling programme, is not overly problematic as the Trust is seen as an attractive employee when compared to others.

There are several vacancies across the teams which are currently being recruited to. No difficulties are foreseen in attracting suitable applicants for the posts.

In addition, acute partners Cambridge University Hospital's (CUH) are currently leading a project on CCC's behalf to roll out Discharge to Assess, learning from a successful programme in Warwickshire. The Trust will be expected to handle all referrals e.g. for Care@Home or Residential under this programme and the team is currently working through the resource implications.

A discussion needs to take place with the Commissioners in relation to the service model.

Intermediate Care, Huntingdonshire

Intermediate Care – Huntingdonshire – Service Manager – Alison Edwards

	Score	Score	Score
Team	Jan-14	Feb-14	Mar-14
	QEWTT	QEWTT	QEWTT
Intermediate Care, Hunts	5	2	9
Intermediate Care Discharge Planning Nurses, Hunts	2	2	4

Current establishment and vacancies:

Team	Band 2	Band 3	Band 4	Band 5	Band 6	Band 7	Band 8a	Total
Intensive Case Mgmt	24.2							
	2	6.8	4.68	3	4	1	1	44.7
Hunts ASC Reablement	12.8							
	0	0	4.2	0	0	0	0	17
Hunts Therapy								
	0	1.8	0	0	4.75	0	0	6.55
	37.0							
Total	2	8.6	8.88	3	8.75	1	1	68.25
Vacancies	3.90	1.2	0	0	0.6	1	0	6.7
Total Establishment								74.95

A successful recruitment day was held in January and the Band 2 vacancies were filled.

The service continues to use locum therapists funded through winter monies and this will continue until the end of May-the QEWTT has increased to 8.

The service has increased its capacity of six interim beds and the community caseload has increased by 25 % from a baseline of 80 to 105.

A proposal is being considered by the Local Commissioning Group to manage the increased

	caseload permanently.																																	
Intermediate Care Unit, Peterborough	<p>The Intermediate Care Unit, City Care Centre, Peterborough – Ward Manager – Vivian Jellis</p> <table border="1"> <thead> <tr> <th></th> <th>Score</th> <th>Score</th> <th>Score</th> </tr> <tr> <th>Team</th> <th>Jan-14</th> <th>Feb-14</th> <th>Mar-14</th> </tr> </thead> <tbody> <tr> <td>Intermediate Care Unit, Peterborough</td> <td>23</td> <td>20</td> <td>19</td> </tr> </tbody> </table> <p>Establishment 2013/14 and 2014/15</p> <table border="1"> <thead> <tr> <th>Band</th> <th>2013/14 budget WTE</th> <th>2014/15</th> </tr> </thead> <tbody> <tr> <td>Band 2 HCA</td> <td>18.59</td> <td>20</td> </tr> <tr> <td>Band 3 HCA</td> <td>9.92</td> <td>9.67</td> </tr> <tr> <td>Band 5 RN</td> <td>7.3</td> <td>10.21</td> </tr> <tr> <td>Band 6 RN</td> <td>6</td> <td>6</td> </tr> <tr> <td>Band 7 RN</td> <td></td> <td></td> </tr> <tr> <td>Band 8a</td> <td>1</td> <td>1</td> </tr> </tbody> </table> <p>The unit is a 34 bedded in-patient unit, staffing is benchmarked against national standards where possible. The unit has successfully recruited and as a result have Band 6 – 6WTE and Band 5 - 8.6 WTE.</p> <p>Vacancies: Band 8a substantive/ secondment post to be advertised shortly. Band 5 WTE x 3 vacancies.</p> <p>Shift pattern : A 12 hour shift is in place, planning for 4 RNs day time and 2 nights.</p> <p>Since the last review, the service has increased it's Registered Nurse establishment B7 2.81 wte.</p>		Score	Score	Score	Team	Jan-14	Feb-14	Mar-14	Intermediate Care Unit, Peterborough	23	20	19	Band	2013/14 budget WTE	2014/15	Band 2 HCA	18.59	20	Band 3 HCA	9.92	9.67	Band 5 RN	7.3	10.21	Band 6 RN	6	6	Band 7 RN			Band 8a	1	1
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Community Intermediate Care	7	7	7																															

of equipment.

### **Areas of work**

The Band 6 registered nurses are responsible for manning the single point of access and the triage of referrals into the service. During office hours this is covered from base. Out of hours the single point of access telephone number is diverted to a mobile phone held by the nurse in charge.

The team are responsible for the receipt, triage and action of referrals to support early discharge from hospital and avoid admission to hospital. Referrals to the FIRM are also made to the single point of access telephone number. This is currently under review.

On receipt of a referral to avoid a hospital admission, (unless from the admission avoidance team, Peterborough City Hospitals (PCH) for which direct admission can be arranged) the Intermediate Care Service nurse will visit the patient to carry out a full assessment. A decision will be made regarding the most appropriate place of care, the Unit or at home. If the patient is not suitable for Intermediate Care the referrer is sign posted elsewhere, usually hospital or social care or the voluntary sector. From February 2014, early supported discharge from PCH has been conducted by telephone. Prior to this a nurse was allocated to the hospital to conduct these face to face. This relies on the referrer providing comprehensive and accurate, up to date information (referral form updated to support referrers) and has reduced the need to conduct face to face assessments. The change in process has proved to be largely effective and efficient as the nurse can be released as required to respond to admission avoidance referrals and support transfers of care from the Intermediate Care Unit.

The Intermediate Care nurses are responsible for the planning, delivery, review of care and discharge planning during the episode including making onward referrals.

### **Interdependencies**

In order to move patients through their pathways of care (short term rehab and admission avoidance) the team is dependent on the capacity within:

- Community Rehabilitation team – physio and occupational therapy
- Hospital at Home – health care assistants to provide direct care and rehabilitation prescribed by the registered practitioner
- Community Nursing Service – for patients with nursing needs post intermediate care
- Adult Social Care – for the Peterborough area there is a dedicated social worker and care support worker are co-located in the City Care Centre.
- 34 bedded Intermediate Care Unit

The Community Intermediate Care Nurses cover any unfilled RN shifts or unplanned sickness on the Intermediate Care Unit at times at very short notice which has the potential to impact on capacity to respond to referrals. The team work very closely with the FIRM to support triage, assessments and nursing care.

### **Vacancies**

The team has 3.9 WTE vacancies. Interviews were held last month but were unable to fill the 2x WTE Band 5 posts. The 0.9 WTE Band 6 nurse has been appointed and expected to start mid May 2014.

The Band 5 vacancies will go out to advert again. Advertising will be supported with the Facebook 'Face of the service' campaign to continue to raise the profile of the service and encourage applications.

Staff involved in recruitment (Band 7, 8a) are scheduled to attend the Recruitment Training workshop 13<sup>th</sup> May 2014. Recruitment to the team has not presented as a problem until now although numbers of suitable candidates has reduced over the past 2 years.

Outpatients. Phlebotomy and Endoscopy Services, Ely and the Fens

Outpatients. Phlebotomy and Endoscopy Services, Ely and the Fens – Dawn Cronin

	Score	Score	Score
Team	Jan-14	Feb-14	Mar-14
	QEWTT	QEWTT	QEWTT
Outpatients clinical - Doddington	1	1	1
Outpatients - POW CLINICAL	12	11	14
Outpatients - POW ADMIN	3	3	3
Outpatients Admin - Doddington	7	8	4
Outpatients Bus Unit - NCH	1	1	5
Peckover Endoscopy NCH	12	17	13
Pathology Dept NCH	14	10	8

There are three outpatient departments in Ely and the Fens. They are at the Princess of Wales Hospital (POW), Ely; Doddington Hospital (DH), Doddington; North Cambs Hospital (NCH), Wisbech.

Outpatient clinics are provided at all three sites. Phlebotomy and Endoscopy is provided only at NCH.

Recent workforce and service reviews have been undertaken for phlebotomy at North Cambs Hospital (NCH), Wisbech, and revision of previous work is being undertaken in endoscopy at NCH. Vacancies for Phlebotomy have been recruited to and approval for proposed skill mix changes on Endoscopy received and being advertised to fill vacant posts. RCN Guidance – Workforce / skill mix guidance was used to inform the phlebotomy service review and additional funding of £60,000 was invested in the service.

New Service at POW – Aural care has increased the clinical hours needed to be met by staff increasing pressure on non face to face activity. Changes over the last 24 months have meant that an additional 50 hours a month of clinical time are having to be met.

POW and Doddington OPD department changes to contracts with Hinchingsbrooke Health Care NHS Trust (HHCT) / consultants has required additional administration support and loss of reception desks has increased the time spent by clinical staff on enquires as booking in points are not always available.

Changes to orthotic contract have yet to be financially evaluated for POW OPD. However no additional resource was purchased so risks to 18 weeks continue to be high at both POW and Doddington OPDs.

Any existing planned service changes - HHCT plan to change existing clinical teams for ENT / urology at Doddington Hospital. Rheumatology services and orthotics are subject to a planned review internally in the department and recommendations for service development are expected.

All Staff are aware of need to be flexible and work across all sites and this is regularly utilised to support areas to mitigate risks.

Clinical oversight- all consultant services have governance frameworks provided by Acute trusts. Directly employed by CCS clinicians (medical) have governance frameworks for Dermatology and Gynaecology. Nurse led clinics for Aural care and Dermatology have

consultant oversight/ governance related pathways.

Output from workforce planning tool:

- Professional judgement and Timed Task / activity approaches, were used for phlebotomy service W/F recommendations. Endoscopy review has previously used these along side JAG recommendations/ requirements for service at both patient care and decontamination elements, these are currently being reviewed.
- Outpatients utilised the skill mix/ activity approach and has only been reviewed on changes to services/ vacancies.
- .

**Proposals for further work**

- Continued work with commissioners re Phlebotomy- underway
- Continue review and Service Development Project for Endoscopy
- Back fill for Student Nurse candidates should be fully explored to support departments and long term workforce as departments rely heavily on local candidates.

**Recommendations**

- Fill Band 5 post held for CIP in NCH OPD
- Plan and negotiate with QEH re Nurse Endoscopy post and succession planning for the department.
- Any new activity must be accompanied by increased establishment, this may require over establishment to ensure that sufficient hours are in place to meet minimum requirements for competency and mandatory training and flexibility.

Minor Injury Units – Ely and the Fens

Minor Injuries Units, Ely and the Fens- Service Lead – Mike Passfield

	Score	Score	Score
Team	Jan-14	Feb-14	Mar-14
	QEWTT	QEWTT	QEWTT
MIU North Cambs	4	2	5
MIU Doddington	5	2	8
MIU Princess of Wales	4	2	4
Outpatients - POW CLINICAL	12	11	14

Retention in the service is good and turnover remains low. New nurse practitioners on appointment require lots of time/investment to become autonomous. Whilst Health Care Assistants are used, under supervision, high levels of nursing staff are required to deliver this specialist service. The re-introduction of the Band 6 training post, has seen the appointment of one Associate Nurse Practitioner, and one Associate Paramedic Practitioner. This has meant the teams can up skill clinicians in house in order to develop next generation of skilled MIU practitioners.

The age profile of the workforce will be examined as part of the more detailed review. The development of an internal training provision to make all staff prescribers is to be investigated. The service is currently piloting a new model in Wisbech utilising Emergency Care Practitioners and the results of this may result in a proposal for wider roll out if successful, where vacancies arise.

The funded establishment for the service is 28.73 WTE.

WTE	Band	Title	Head Count
1.0	8a	Head of Nursing (Unplanned Care)	1
3.0	7	Team Lead/Nurse Practitioner	3

13.28	7	Nurse Practitioner	16
2.0	6	Trainee Practitioners	2
1.0	4	Service Administer/PA to Head of Nursing	1
4.78	3	Healthcare Assistant	7
3.89	2	Receptionist	8

There are no vacancies in the service.

The Minor Injuries Units are currently open between:

PoW 08:30 – 18:30 Monday to Sunday  
 Doddington 08:30 – 18:30 Monday to Friday & 09:00-17:00 Sat & Sun  
 NCH 08:30 - 18:30 Monday to Friday  
 Current Shift Times: 08:30 – 18:30 or 09:00-17:00 at weekends (Doddington).

As part of the West Norfolk winter pressures initiative, the MIU unit has seen extended opening for North Cambs Hospital, incorporating weekend working. 08:30-18:00 Saturday and Sunday. This has proved to be successful, with a throughput of circa 500 patients over 11 weekends to date. The project due to finish at the end of March, has been extended to the end of April, incorporating Easter bank holidays. Team Lead attempt to schedule 2 days per month as management days (approx 6.6% per month).

**Workforce Profile/ Current Skill Mix**

Across the MIU there is a clear skill mix that is required in order to deliver the key principles of minor injuries which requires skills to an advanced level. This is notably important due to the nurse led nature of the services.

The service is currently delivering circa 29,000 patient attendances, within tight clinical skill mix and autonomous framework. Currently the service employs advanced practitioners who has completed level 6 training, and have a range of acute emergency and primary care experience. This is supplemented by health care assistants that have extended skills, in plastering, diagnostic testing and wound management.

A recent recruitment drive witnessed some difficulty in recruiting qualified high calibre nurse practitioners within the Fenland area, leading the Head of Nursing (unplanned care) to widen the scope, and invest in other clinicians. In November 2013 to service introduced Paramedic Practitioners to the multi skilled team. Paramedic Practitioners are register Paramedics, that have completed advanced training and completed the Emergency Care Practitioner programme delivered by Higher Education Institutes.

**Analysis (based on April 13 –Feb 14)**

Activity	Numbers
Total No of patients	27,738
No of activity contacts	30,662
% of patients seen within 2 hours	99%
% of patients seen within 4 hours	100%

**Areas of Shortfall**

Currently the service does not have any areas of shortfall associated with its workforce, or projects any such shortfalls in the coming year. Currently 13% of the workforce is aged between 50-65, and approximately 8% having the ability to retire. There are number of individuals interested in joining the Minor Injuries Units as trainees, giving the service the ability to ‘grow its own’. Equally although recent recruitment has shown some evidence of difficulty having the

ability to widen the clinical practitioner scope to include Paramedics, has seen this difficulty reduce significantly.

**Findings/ Sensitivity Analysis:**

The service is currently able to deliver a service with a workforce beyond minimum contracted levels, and is able to remain at a good ratio of staff to patient throughput, evident in the 2 and 4 hour waiting times which are showing excellent results average 99% and 100% respectively on a month by month basis. Activity numbers have remained largely static over the last 12 months from April 13 to March 14, with peaks in July and August.

Patient Safety: The service actively takes part in corporate initiated audits, whilst also carrying out local service audit. This is particularly evident in drug administration, usage of Patient Group Directions, Clinical Decision Making and Patient Experience.

**Rapid Response Service – Service Manager - Mike Passfield**

	Score	Score	Score
	QEWTT	QEWTT	QEWTT
Team	Jan-14	Feb-14	Mar-14
Rapid Response Team	4	7	6

The Rapid Response service has been fully operational since December 2013. It has taken time to recruit the workforce with the exception of the exiting community matron staff that moved into the service from the historic caseload management model. February saw for the first time a full establishment to the team, with remaining healthcare assistants, staff nurses, community matrons and pharmacist team members commencing.

In addition to this, the service redesigned the triage process, due to inability to recruit Band 4 triage co-ordinator. This post was re designed to and split into additional hours for current triage staff, and the provision of administration support for the service. Administration support was not included in the original funding plans, but became apparent that the service required this element of support.

The QEWTT scores, although green, remain elevated due to the service manager and clinical lead being new and in post for less than six months.

The development of an internal training provision to ensure all Band 7 Matrons have completed Level 7 Advanced Assessment and diagnoses training is underway. Independent Prescribing is also being reviewed, but does not appear a significant priority.

The funded establishment for the service is 17.34 WTE.

WTE	Band	Title	Head Count
1.0	7	Team Lead	1
5.0	7	Matrons	5
0.5	7	Pharmacist	1
1.0	6	Triage Nurse	1
3.4	5	Staff Nurse	4
0.8	3	Administrator	1
5.64	3	Healthcare Assistant	6

There are no vacancies in the Rapid Response Team. The Service has seen a zero turnover to date.

The Rapid Response service currently operates between, 08:30 – 18:00 Monday to Saturday. This project is currently funded as part of the Isle of Ely and Wisbech QIPP initiatives until November 14, with potential for extension until March 15.

**Areas of Shortfall**

Currently the service does not have any areas of shortfall associated with its workforce, or project any such shortfall in the coming year. Currently 85% of the workforce is aged between 20-44 providing a low level of concern. The service does not have any staff that are eligible to take retirement during the project dates.

**Findings/ Sensitivity Analysis**

The service is currently able to deliver a service with a workforce beyond minimum contracted levels, and is able to remain at a good ratio of staff to patient throughput, Activity numbers are slowly increasing as the service becomes establishment among provider colleagues.

Out of Hours

Out of Hours, Cambridge – Service Lead – Diane Read

	Score	Score	Score
	QEWT	QEWT	QEWT
Team	Jan-14	Feb-14	Mar-14
OOH Nursing & Intermediate Care	9	9	9

Band	WTE
7	1.72
6	1.9
5	4.1
4	0.7
3	3.9
2	2.6

The service have three members of staff on maternity leave:

Band 6 – 0.8 – due back in April 14

Band 5 RN – 0.45

Band 4 Admin – 0.4

Vacancies: Band 2 – 20 hours – a request has been submitted to convert this to Band 5.

Skill mix – Evening – 3 RNs, 1 HCA. Nights – 1 x RN and 3 x HCAs.

Band 5 recruitment is not a problem but more recently the service has begun to find it difficult to recruit good calibre Band 2s . Values based recruitment and selection techniques are being employed to improve the quality of candidates offered posts. Band 5 recruitment is not a problem.

Workload has considerably increased and is planning to have 2 RNs on each shift. They currently have only one RN on the night shift.

The Out of Hours Nursing team in Cambridge provides OOH nursing across Cambridgeshire providing a continuation of the 24 hour District Nursing service. The team focuses on caring for the patient at home and admission avoidance and have close links with A&E and are currently

piloting a 'turn around' service at A&E at CUHFT on a Monday evening to turn patients around and care for them at home. The team also provide support to Arthur Rank House, supporting HCAs overnight. As ARH are seeing an increasing demand, so is this service. The service also responds to City Care Call alarms in supported homes in Cambs City only.

The service operates two shifts, the evening shift which is 5pm to 11pm and the night shift which is 10pm to 8am. They take referrals from a range of services i.e. Community Nursing teams, Urgent Care Cambridge, Ambulance Crews, 111, as well as direct patient contact.

Three nurses are on duty from 5pm to 11pm, with one night nurse, supported by 3 Health care assistants from 11pm onwards. Whilst the focus of the service is unplanned care and crisis response, many of the challenges facing this service are similar to those facing Community Nursing – simply focused within a smaller unit.

The key risk to this service is lone working. This risk is mitigated by staff wearing devices whereby they can contact a centre if they are at risk.

Out of Hours, Peterborough – Service Lead – Louise Walton

	Score	Score	Score
	QEWTT	QEWTT	QEWTT
Team	Jan-14	Feb-14	Mar-14
OOH Nursing & Intermediate Care	7	6	10

The Out of Hours service for Peterborough operates from the City Care Centre. The service is open from 18:30 until the following morning at 08:00 Monday to Friday and from 18:30 Friday to 08:00 Monday at weekends and provides 24 hour urgent care services on Bank Holidays.

The service commences at 18:30 with staff present from 18:15. Since 28 January 2014 cases have been transferred by the 111 service to the Out of Hours Service electronically – either via SystemOne or by fax. This accounts for between 80 and 90% of the activity of the service. The service also operates a dedicated Health Care Professional Line. This line is available for direct calls to be taken from:

- Paramedics / Ambulance Call Centre
- Doctors
- Community Nurses for CCS
- Intermediate Care Services CCS
- Pathology PCH

The service operates with one non-clinical call handler, one driver, and one nurse at all times of operation. Doctor cover varies from day of week and time of day – providing cover with between one and four individuals. The service also supports General Practitioner registrar training and provides opportunities for student doctors to work alongside recognised trainers. The service provides home visits where required and these are undertaken by either an Emergency Care Practitioner, Advanced Nurse Practitioner or Doctor.

Recruitment has been a challenge for nursing staff and for Emergency Care Practitioners. Three rounds of interviews for ECPs has not enabled the service to fill vacancies held and are currently working with a national agency to ensure continued safe and consistent cover is available to the patients of Peterborough and surrounding areas. The internal recruitment team will work with this Unit to identify alternative recruitment solutions.

	We are aware that the hours of operation and the terms and conditions are problematic with recruitment due to unsocial hours and note that terms and conditions for those working for private organisations or through agencies are deemed more favourable.																												
Drugs and Alcohol Service, Luton	<p><b>Drugs &amp; Alcohol service (Luton)- Service Manager, Deborah Liverpool</b></p> <table border="1"> <thead> <tr> <th></th> <th>Score</th> <th>Score</th> <th>Score</th> </tr> <tr> <th>Team</th> <th>Jan-14</th> <th>Feb-14</th> <th>Mar-14</th> </tr> <tr> <th></th> <th>QEWT</th> <th>QEWT</th> <th>QEWT</th> </tr> </thead> <tbody> <tr> <td>Shared Care Drug Service Adults</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td>Respite House</td> <td>6</td> <td>6</td> <td>11</td> </tr> </tbody> </table> <p>The service re-opened Respite House this year to service users and has found it difficult to recruit sufficiently skilled staff to ensure all beds are open. The Shared Care Drugs Service is now stable and 2 new social workers joined the team in January 2014. It is proposed that a review of the service delivery model in this unit is undertaken, taking into account both the previous difficulties in recruiting and what is commissioned.</p> <p>Since the previous workforce review, Luton Borough Council have launched a procurement process for their Drug and Alcohol Services in Luton. The Trust is looking to participate in this and will use this as the vehicle to review the workforce skills and numbers.</p>		Score	Score	Score	Team	Jan-14	Feb-14	Mar-14		QEWT	QEWT	QEWT	Shared Care Drug Service Adults	0	0	0	Respite House	6	6	11								
	Score	Score	Score																										
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LTC and Specialist Nursing, Luton	<p><b>Long Term Conditions and Specialist Nursing (Luton)</b></p> <table border="1"> <thead> <tr> <th></th> <th>Score</th> <th>Score</th> <th>Score</th> </tr> <tr> <th>Team</th> <th>Jan-14</th> <th>Feb-14</th> <th>Mar-14</th> </tr> <tr> <th></th> <th>QEWT</th> <th>QEWT</th> <th>QEWT</th> </tr> </thead> <tbody> <tr> <td>Diabetes</td> <td>2</td> <td>6</td> <td>10</td> </tr> <tr> <td>Heart Failure/CHD</td> <td>7</td> <td>0</td> <td>LR(4)</td> </tr> <tr> <td>TB</td> <td>6</td> <td>6</td> <td>5</td> </tr> <tr> <td>Community Respiratory Service</td> <td>1</td> <td>0</td> <td>2</td> </tr> </tbody> </table> <p>All services have been reviewed during 13/14 and investment in them achieved either through commissioning or through the units block contract. The Tissue Viability team has been increased through the block to ensure that the focus on pressures sores is high; this has enabled the community teams to also have more support.</p> <p>Recruitment to these teams has reduced headcount in the core community nursing unit. Specialists are difficult to recruit nationally and therefore 'training posts' have been introduced to ensure the teams can grow using commissioning investment.</p> <p>The Trust needs to consider where the next generation of specialist nurses are going to develop. Movement in community services is low therefore we need to judge implications and consider a 'Buy Build and Grow' scheme for CCS. This forms part of the Trust wide recruitment strategy and has been fully endorsed by the Luton Clinical Operational Board.</p> <p>These services are currently out for procurement by Luton Clinical Commissioning Group and the Trust is bidding to continue to provide these services.</p>		Score	Score	Score	Team	Jan-14	Feb-14	Mar-14		QEWT	QEWT	QEWT	Diabetes	2	6	10	Heart Failure/CHD	7	0	LR(4)	TB	6	6	5	Community Respiratory Service	1	0	2
	Score	Score	Score																										
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Cancer and Palliative Care, Luton	<p><b>Cancer &amp; Palliative Care (Luton)</b></p> <table border="1"> <thead> <tr> <th></th> <th>Score</th> <th>Score</th> <th>Score</th> </tr> <tr> <th>Team</th> <th>Jan-14</th> <th>Feb-14</th> <th>Mar-14</th> </tr> </thead> <tbody> </tbody> </table>		Score	Score	Score	Team	Jan-14	Feb-14	Mar-14																				
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Team	Jan-14	Feb-14	Mar-14																										

		<b>QEWTT</b>	<b>QEWTT</b>	<b>QEWTT</b>
	Cancer & Palliative Care	<b>9</b>	<b>12</b>	<b>9</b>
	<p>The service has been reviewed during 2013 and work undertaken to partner with the local hospice to ensure a 24/7 service is in place for local people. Retention and recruitment to specialist palliative care posts is difficult and whilst there is currently a gap in the level of staff however this is now largely addressed.</p> <p>These services are currently out for procurement by Luton Clinical Commissioning Group and the Trust is bidding to continue to provide these services.</p>			
Intermediate Care (CART/ Falls/ Integrated Discharge, Luton	<b>Intermediate Care (CART/Falls/ACTT, Integrated Discharge Team &amp; Parkinson's Nursing) Luton locality</b>			
		<b>Score</b>	<b>Score</b>	<b>Score</b>
		<b>QEWTT</b>	<b>QEWTT</b>	<b>QEWTT</b>
	<b>Team</b>	<b>Jan-14</b>	<b>Feb-14</b>	<b>Mar-14</b>
	CART	<b>9</b>	<b>9</b>	<b>8</b>
	<p>The services have been reviewed this year with recommendations from the unit and the Local Overview &amp; Scrutiny Committee to enhance the staffing in the integrated discharge team significantly to improve the speed of Continuing Health Care assessments for patients within the local acute trust.</p> <p>The unit agreed to increase staffing within this area by 50%, at its own financial risk, whilst negotiations with the Commissioner continue to ensure that adequate staffing levels were in place to meet demand. Luton CCG has now agreed to increase the integrated discharge team by 4 WTE B6 Nurses and active recruitment to these posts is now taking place.</p> <p>It is proposed that the skills of the specialist nurse are extended to include prescribing to support the therapy teams.</p> <p>Funding has been secured and application to the University of Bedfordshire for March 2014 is in train.</p> <p>Service should look to increase the hours of operation for the Intermediate Care Services to 7 day working. This will be discussed and agreed with the Commissioner as part of the 14/15 developments.</p> <p>These services are currently out for procurement by Luton Clinical Commissioning Group. Unfortunately, The Trust is no longer in the running to provide intermediate care services in the future.</p>			
Hospital at Home, Peterborough	Hospital at Home, Peterborough, Manager – Ingrid Randall			
	<b>Team</b>	<b>Jan-14</b>	<b>Feb-14</b>	<b>Mar-14</b>
		<b>QEWTT</b>	<b>QEWTT</b>	<b>QEWTT</b>
	Hospital at Home	<b>9</b>	<b>6</b>	<b>6</b>
	<p>The Hospital at Home establishment is 32 Health Care Assistants. Of which there are no vacancies. There is never a problem in recruiting to Band 3 posts for this service.</p>			

Specialist Nurses – Cambridgeshire and Peterborough

Specialist Nursing – Manager, Kathryn Caley

Team	Jan-14	Feb-14	Mar-14
	QEWTT	QEWTT	QEWTT
Parkinson's Disease - Cambs	5	6	6
Multiple Sclerosis Hunts	13	9	2
Parkinson's Disease - Peterborough	3	5	8
CFS/ME - Peterborough	8	10	9
Diabetes – Cambs	4	4	4
Diabetes - Peterborough	10	10	9
Continence Service - Cambs/Pboro	10	8	6
Heart Failure/CHDisease - Peterborough	0	0	0
Countywide Respiratory team	3	1	1
Respiratory Service - Peterborough	2	4	5
Heart Failure Team (Cambs & E&F)	4	LR(4)	4

Workforce Overview:

	WTE	Headcount	Turnover
Specialist Nursing	81	102	1.96%

The Specialist Nursing Service has a number of different services:

Specialist Nursing Service	Area Covered	No. of teams
Diabetes	Cambridgeshire	4
Respiratory	Cambridgeshire	2
Parkinson's Disease	Cambridgeshire	2
Multiple Sclerosis	Huntingdon only	1
Chronic Fatigue Syndrome (CFS) /Myalgic Encephalomyelitis (ME)	Cambridgeshire	1
Heart Failure	Peterborough, Ely and the Fens only (Cambridge service TUPE'd to Cambridge University Hospitals Foundation Trust (CUHFT) wef 1 <sup>st</sup> April 14	2
Cardiac Rehab	Peterborough, East Cambs & Fenland only	2
Continence	Cambridgeshire	1

Staffing

The services have a high level of qualified staff due to the specialist nature of the teams.

Recruitment

There are no significant problems with recruitment, however it is not always possible to recruit staff with the relevant specialist experience. It can take approximately two

years for someone new to specialty to be fully proficient if they have not worked in a specialist role before.

The vacancies, sickness and maternity leave have a direct impact on the sustainability of services as each service team is a very small staff group. When vacancies or long term absence occurs, the service has to prioritise what it does. This generally involves prioritising urgent visits over routine reviews and, in some instances, may involve implementing a waiting list for new referrals.

The service has no outstanding issues with long term sickness.

#### Team Capacity

The following services have had no investment for many years and despite significant service redesign to improve efficiency, demand now outstrips capacity and therefore there are waiting lists that are rising and on some occasions breach the 18 week referral to treatment time.

- CFS / ME
- Heart Failure (Peterborough service)
- Cardiac Rehab (Fenland)

Commissioners have been made aware of these pressures through contracting meetings and through responses to breaches in 18 wk Referral to Treatment (RTT) Remedial Action Plan reports.

#### Governance

##### Leadership / Supervision

The Long Term Conditions Services are nurse-led. Concerns were raised last year by GPs and the Clinical Commissioning Group (CCG) regarding governance. This related in particular to a GP and commissioning view that consultant oversight is required for these services. A paper was submitted to the CCG in response to the contract query they raised. (See attached paper along with service structures).

#### CPD

All staff are supported to maintain their specialist expertise through attendance at formal courses or clinical update sessions. This is monitored through team meetings and appraisals to ensure that there is appropriate and fair access to relevant courses.

#### Audit & Research

There is an ongoing audit programme for Long Term Conditions service supported by the Clinical Audit Team.

All teams are actively encouraged to participate in research projects. The Research co-ordinator, Emily Li, has oversight of this activity.

#### Professional Education

All teams support pre-registration nursing placements.

All teams participate in delivering specialist education sessions to other members of the multi-disciplinary team.

## Children's and Young People's Services

Children's  
Inpatient Wards

Holly Ward, Hinchingsbrooke Hospital, Huntingdon – Service Manager – Sarah Hughes

	SCORE	SCORE	SCORE
Team	Jan-14	Feb-14	Mar-14
	QEWTT	QEWTT	QEWTT
Inpatients (Holly) (Cambs)	19	10	16

Holly Ward is a 13 bedded inpatient ward which includes one high dependency bed. Integral to the ward is a 6 bedded surgical unit operating on a sessional basis Monday to Friday. In addition an assessment service is operated whereby children are assessed prior to admission or treated and discharged. This currently takes place in an area within the ward footprint. A risk assessment has been undertaken and an operational policy has been produced and discussed with the Commissioner and agreement obtained to continue to provide this model of service delivery.

Establishment levels, shown below, have increased by 2 full time Band 5 nurses, following the review that took place in May 2013, where the 1:6 minimum staffing level was agreed. These positions were recruited to – one new starter September 2013 and one new starter October 2013 with student nurses on completion of their training. Although these 2.0WTE extra posts were filled, during the summer months, 1.61WTE nurses left the ward for various reasons.

Significant recruitment activity continued in the later months of 2013 and into 2014 to fill existing vacancies and maternity leave posts. A recruitment campaign based on 'the face of the service' promotion and utilising face book and social media were undertaken. In addition, an open recruitment event in Huntingdon was held. A promotional video is also being developed.

The unit has now been successful in recruiting to these vacancies and the 1.61WTE will be in post by 14 April 2014.

Due to the national shortage of Paediatric Nurses, the modern matron in conjunction with the Chief Nurse, explored further skill mix opportunities and it was agreed to advertise for non-child branch registered nurses with significant clinical experience in nursing children and young people on a regular basis e.g. emergency department, theatres and recovery, intensive care, adolescent units and be able to demonstrate significant transferrable skills. It is proposed that the Unit will introduce one nurse with a first level registration (non-paediatric) per day and night shift, to replace a paediatric registered nurse. Up to 5.69WTE could potentially be accommodated within the current establishment, to date the Unit has appointed one nurse, who holds a learning disabilities registration, and the relevant skills and experience and a start date is to be agreed for 27<sup>th</sup> May 2014.

Further workforce analysis was undertaken in January 2014 as the 1:6 registered nurse to patient ratios did not support the ability to provide 1:1 nursing, for children admitted requiring high dependency care or supervision for mental health diagnosis, without direct impact on bed numbers and restriction of admissions. A further shortfall of 2.59WTE Band 5 registered nurses was therefore identified to support provision of 1:1 care and investment agreed and the new establishment is shown below.

Establishment (incorporating the 0.5WTE matron post and 4.59WTE Band 5 nurses agreed at

May 2013 and January 2014).

Band	New WTE	In post	Further information
Band 2 (Housekeeper)	0.76	0.76	Non clinical role
Band 2 HCA	3.72	3.72	
Band 4 (Play role)	1.4	1.0	0.4WTE being recruited
Band 5	19.2	15.44	4.0WTE awaiting start dates post pre-employment checks. (This includes recruitment of 2.59WTE extra staff plus substantive cover for 1.4WTE maternity leave).All staff will be in post by end August 2014.
Band 6	2.44	2.44	
Band 7	1.0 0.75	1.0 0.75	Ward manager supernumerary post. 0.75WTE is Paediatric Diabetes Specialist Nurse
Band 8a	0.5	0.5	Matron across Holly and SCBU.
Total	29.77		

Current working pattern, based on being resourced to this establishment – this supports the current ward configuration based on the 1:6 nurse: patient ratio with ability to support a high dependency or Children and Adults Mental Health Service (CAMH)s child requiring admission.

Monday to Friday:

	RN	HCAs	RN:HCA ratio
Early	5	1	83:17
Late Shift	5	1	83:17
Night	3	0	100:0

Current working pattern Saturday & Sunday:

	RN	HCAs	RN:HCA ratio
Early	4	1	80:20
Late Shift	4	1	80:20
Night	3	0	100:0

The ward manager is supervisory and the modern matron post has been introduced and permanently appointed to across Holly and SCBU. Post holder took up post on 1<sup>st</sup> April 2014. The ward has been able to secure regular competent, registered and unregistered, temporary staff to cover vacancies and maternity leave during the substantive recruitment process. Until all staff are in post minimum staffing levels are maintained through managing demand and through the use of bank and agency staff. A more robust relationship has been built up with the agencies and the Unit is now using regular staff who have been fully inducted into the team and are able to cover the majority of shifts with registered children’s nurses.

**On-going analysis of staffing ratios and skill mix.**

From initial investigations, it has been identified that other local acute children’s units are managing within the RCN age compliant ratios rather than on the 1:6 ratio we have been working towards achieving this to date. This would indicate that this standard is achievable.

The RCN recommended registered nurse to patient ratios are:

Under 2 years old 1:3 at all times

For all other ages 1:4 during the day and 1:5 during the night.

Workforce analysis using actual data over a three year period has identified a further shortfall of 4.19WTE Band 5 registered staff to ensure we are achieving the Royal College of Nursing (RCN) recommended staffing ratios assessed against actual patient activity (based on age not number of patients per registered nurse). The proposal to implement RCN compliant staff ratios utilising a more diverse skill mix has not been identified as common practice but further work is being undertaken. The implications of funding flexible staffing are also being explored. (E.g. Introduction of a 'bank/agency budget' into the ward budget).

Special Care Baby Unit (SCBU) Hinchingsbrooke Hospital, Huntingdon – Service Manager – Sarah Hughes

	SCORE	SCORE	SCORE
Team	Jan-14	Feb-14	Mar-14
	QEWTT	QEWTT	QEWTT
SCBU	14	11	10

The Special Care Baby Unit is made up of ten cots; eight special care, one high dependency and one intensive care. The recommended occupancy rate is set at 70% (7 cots) which allows for fluctuations in times of increased demand. Admissions are strictly governed by the Regional Neonatal Network and the threshold for admission is 30 weeks gestation for singletons and 32 weeks for twins.

The SCBU manager is supervisory and the matron post has been introduced across Holly Ward and SCBU.

Non clinical establishment:

Band	WTE
Band 2	0.56
Band 7	1.61
Band 8a	0.5
Total	2.67

Clinical Establishment:

Band	WTE
Band 4	4.99
Band 5	10.68
Band 6	4.99
Total	20.66

Current working pattern, when successfully recruited to proposed establishment:

	Includes registered staff and nursery nurses
Day	4 including a minimum of 1 Qualified in Specialty (QIS)
Night Shift	3 including a minimum of 1 QIS

Two new Band 5 staff have been successfully recruited and have starting dates in April and May 2014. This will ensure that the existing vacancies and maternity leaves are now covered. Active recruitment initiatives, as described above, have also been very successful in SCBU although recruitment of registered nurses with post registration accredited qualification in speciality (QIS) remains a challenge.

A more robust relationship has been built up with the bank and agencies and we are now

using regular staff who have been fully inducted into the team and are able to cover the shortfall in shifts whilst recruitment has been taking place.

Based on British Association of Perinatal Medicine (BAPM) guidelines (2011) using actual activity data the unit requires a **clinical** establishment of 24.02WTE. Therefore, current compliance against BAPM with the above clinical establishment of 20.66WTE is 3.38WTE short and achieves overall compliance at 86%. Within the BAPM standards 70% of the establishment should hold an NMC registration and with successful recruitment to the current funded clinical establishment 74% compliance is achieved. Within the BAPM standards 70% of the 70% should hold post registration accredited qualification in speciality (QIS) and current compliance is 64.17%. In order to achieve compliance 2 internal staff will be undertaking the QIS course in September 2014. As an active member of the Neonatal Network we are able to flex cot numbers based on clinical and capacity requirements which mitigates risk and Peri-natal outcomes are reviewed by the multi-disciplinary clinical team on a monthly basis.

To achieve **100% BAPM** compliance, consistent with actual activity available at February 2014 within the 5 year period stipulated in 2011/12 the unit's funded clinical establishment has been re-calculated as **24.02WTE**.

The clinical establishment has an identified shortfall of **3.36WTE**. The unit recommends that this shortfall is invested in as 1.76WTE Band 5 and 1.61WTE at Band 2 in stages over 2014/15 and 2015/16.

Further dialogue is required with Specialist Commissioning and the Neonatal Network to understand their trajectories for compliance with the BAPM standards.

#### Health Visiting

#### Health Visiting- Cambridgeshire – Service Manager – Karen Bradshaw

Team	SCORE	SCORE	SCORE
	Jan-14	Feb-14	Mar-14
	QEWTT	QEWTT	QEWTT
Health Visiting (CC)	16	16	
Health Visiting (SC)	9	13	
Health Visiting (Hunts)	9	7	
Health Visiting (Fenland South)	9	9	
Health Visiting (Pboro)	9	9	
Health Visiting Hunts			11
Health Visiting St Neots			8
Health Visiting St Ives & Ramsey			11
Health Visiting Cambridge City North			17
Health Visiting Cambridge City South			15
Health Visiting Melbourne			13
Health Visiting Sawston			7
Health Visiting Cambourne			14
Health Visiting Longstanton			16
Health Visiting (East Cambs)	7	6	6
Health Visiting (Fenland South March)			9
Health Visiting ( Fenland South Doddington)			6
Health Visiting (South Pboro Yaxley)			8
Health Visiting (South Pboro Whittlesey)			11
Health Visiting (Fenland North)	21	21	21

The following table illustrates the job roles in Health Visiting, the funded establishment, the staff in post and the vacancy rate in the service as at March 2014:

Job Roles	WTE	Staff in Post WTE	Staff in Post Headcount	Vacancy WTE	Vacancy Rate %
Registered Health Visitors	99.98	88.38	118	11.6	12%
Health Visitor	65.43	57.83	73	7.6	12%
CPT qualified	12.15	12.15	14	0	0%
Team Leader (Band 7)	6	4	6	2	33%
Specialist Health Visitor	9.4	8.4	9	1	11%
Family Nurse	4	4	5	0	0%
Family Nurse Supervisor	1	1	1	0	0%
Manager with clinical work (Band 8+)	2	1	2	1	50%
Health Visitor in Other Areas of Work	0	0	0	0	
Registered Staff who are not Registered Health Visitors <sup>3</sup>	6.4	4	5	2.4	38%
Registered Nurse	6.4	4	5	2.4	38%
Unregistered Clinical Staff	32.03	31.23	43	0.8	2%
Band 4	32.03	31.23	43	0.8	2%
<b>Bank Staff</b>	<b>Number of Bank Hours Worked</b>	<b>Headcount</b>			
Bank Health Visitor		8	N/A	N/A	N/A

Health Visiting Training student headcount	WTE
Year 1 full time	44
Year 1 part time	
Year 2 part time	

The Health Visiting (HV) Service was subject to an external review by Sustain in March 2014, which identified that additional resources were required to draw all the various strands of the Health Visitor Implementation Plan into a single comprehensive and cohesive plan. Consequently, interviews to recruit a dedicated project manager took place on 16<sup>th</sup> March 2014 and the appointment of a suitable candidate is imminent to take this work forward.

The workforce growth plan is on track and has sufficient capacity to ensure delivery of the additional health visitors required by March 2015. There are 44 Student HVs in training this year, which has continued to put increased pressure on staff to mentor and support them whilst continuing to deliver the health visiting service and meet KPIs.

The caseload weighting tool last applied in 2010, was updated in January 2014, to confirm where the additional health visitor posts are required within Cambridgeshire. Once the newly qualified health visitors enter the workforce in September 2014 and January 2015, the service will be able to increase activity levels to meet the requirements of the Healthy Child

Programme and the new national service specification.

The HV Business Manager has requested funding for an additional seven WTE HV to take into account the high number of house building developments that are expected to be completed within Cambridgeshire between now and 2018.

Rejuvenation of the existing HV workforce has continued apace with specialist training being delivered to health visitors and skill mix staff. Considering the degree of change and uncertainty in CCS NHS Trust as a whole, the Health Visiting Service demonstrates a relatively high level of resilience and good morale. However, the service does continue to have recruitment and retention challenges in North Fenland and more recently, in Cambridge City, with a number of vacancies being covered by agency HVs. Recruitment and Retention of HV Staff is currently being looked at as part of a Trust wide Human Resources project and the Trust is taking part in a national NHS Employers led initiative which is focussing on the recruitment and retention of HV's.

The increased demand for services was discussed in detail at the last Clinical Operational Board meeting especially in relation to the new local housing developments that are being built. It was agreed that further discussions with Commissioners are required in relation to this. This will be in the context of a wider discussion for the effect on all children's services.

Children's  
Community  
Nursing

Children's Community Nursing, Cambridgeshire –Service Manager - Sian Hooban

	SCORE	SCORE	SCORE
Team	Jan-14	Feb-14	Mar-14
	QEWTT	QEWTT	QEWTT
Community Nursing (Cambs) incl Neonatal	13	12	20
Children's Continuing Care incl Transitions	20	17	24
Special Needs School Nursing	12	16	20

The Community Children's Nursing Service (CCN) provides a range of Specialist services for children and young people in Cambridge City, South, East and Huntingdon.

The service recognises their role to support out of hospital care and is currently restricting hours of operation to maintain safety.

The team portfolio includes:

- Community Children's Nursing (CCN) (Acute nursing, Diana & Redwood -Children's Palliative and end of life care)
- Community Neonatal Service (Huntingdon only)
- Special Needs School Nursing (SNSN)
- Transitions Service
- Children's Continuing Care Service

Please note: The Children's CFS/ME service was transferred to the Children's Occupational Therapy service with effect from 1<sup>st</sup> January 2014.

The CCN Service for children and young people provides both a specialist service for supporting children and young people with a range of conditions and interventions primarily within the home and special school environments as well as a resource to all health care professionals

The RCN recommends that 25% of the registered nurses, in a CCN team, should have completed a recognisable community education and development programme. Of the 14 registered Nurses across the service (excluding Special Needs School Nursing), 21% have this qualification. A proposal has been submitted to workforce development for access to the Specialist Practice (CCN) degree for the next three academic years.

The SNSN service have no qualified school nurses at this time, a proposal has been submitted to workforce development for access to the Public Health Course for academic year 2015/16.

There are few recommendations regarding safe staffing within the community for children, however, the RCN guidelines recommend that in the average CCN Team, there should be a minimum ratio of registered nurses to unregistered staff of 70:30 (RCN, 2012). This ratio is partly met within the service, but not within the Children's Continuing Care service where the ratio is 34:66, however, due to the nature of children's continuing care it is appropriate, at this time, to have a skill mix weighted more to unregistered staff. As the complexity of need increases, which it is doing nationally due to enhanced care both in the neonatal intensive care environment and Paediatric Intensive Care Unit services, this balance will need to be reviewed and changes made accordingly.

The team continues to experience difficulties in recruiting into a number of posts, especially at Band 6 and Band 7. This is impacting on the ability to deliver the service. However, the skill mix has been reviewed and the service has been successful in recruiting some staff through recent recruitment activity. The service had an open day and has been supported with progressing pre-employment checks which has resulted in success in recruiting some staff.

**Current establishment**

Band	Service	Establishment (WTE)	WTE In post	WTE Vacancies	WTE Sick / maternity leave	Comments
8a	CCNT	1	1			Take on Band 7 roles due to vacancies
7	Continuing Care	1	1			
7	CCN	0.8	0	0.8		Advertised but unable to shortlist
7	Lead for: Transitions, SNSN, admin & Allied Health Professionals (AHP)	1	0	1		Successful candidate to start 1 <sup>st</sup> May 2014
6	CCNT	7.01	3.6	1.4	2	No substantive Band 6 staff in Huntingdon, currently supported by senior nurses from Cambridge. Two posts successfully recruited to, start dates for new staff July and August 2014
6	Neonatal	1.25	1.25			
6	Continuing Care	2.6	2.6			New contract variation from May 2014 TO increase establishment by 0.4 WTE Band 6 for

							Continuing Care
6	SNSN	3.63	3.63			0.62	1 x member of staff retiring in July (0.85WTE) - post advertised, short listing next week Interview date TBC
6	Family support	0.6	0.6				
6	Transitions coordinator	0.6	0		0.6		Short listing completed 21.04.05 - interview date TBC
5	CCNT	3	3		0	0.6	
5	Continuing Care	1	1				
4	Play	1	1				
4	Neonatal Nursery Nurse	0.8	0.8				
4	Secretary	1	1				
3	HCSW	7.56	7.56			2	Contract variation from May will increase establishment by 3 WTE - posts advertised and interviews 27/28 May
3	Admin Support (including CHAPs coordinator)	2.35	0		2.35		Candidate offered post but withdrew
<b>Total</b>		<b>36.2</b>	<b>28.04</b>	<b>6.15</b>		<b>3</b>	

Next steps:

- The service has previously discussed with commissioners the need for further investment within this service. A business case is still outstanding for the development of a new commissioned model of care for the whole service. This will address the needs of both the acutely ill child and disabled children in the community. The business case will open discussions with Commissioners and it is hoped this will result in a move away from a block contract and the appropriate development of the service in order that it can meet the needs of children in the community and keep them at home rather than hospital
- If the business case is successful it will reduce the risk position of the service and will enable the team to be more resilient going forward
- Continuing to utilise staff from all areas of the service to support individual children and service delivery
- To continue to reposition the service to ensure that it operates with its partner services as effectively as possible.

School Nursing	<u>Cambridgeshire School Nursing – Service Manager – Sue Johnson</u>			
		<b>SCORE</b>	<b>SCORE</b>	<b>SCORE</b>
	<b>Team</b>	<b>Jan-14</b>	<b>Feb-14</b>	<b>Mar-14</b>
		<b>QEWTT</b>	<b>QEWTT</b>	<b>QEWTT</b>
School Nursing	<b>8</b>	<b>11</b>	<b>4</b>	

A minimum service continues to be offered to meet priorities for children, young people and their families whilst giving maximum priority to safeguarding issues. The number of children subject to child protection plans continues to slowly increase in Cambridgeshire since recent high profile cases in other authorities.

The School Nursing review, led by Cambridgeshire County Council, utilised the Derbyshire needs based model, showed a staff in post of 21.18 school nurses against an estimates demand of 46.25 – a shortfall of 25.07WTE, whilst the service is at establishment according to current budget, this shortfall remains as there has been no financial investment. The review was “put on hold” by the County Council until such times as the Department of Health published the national guidance for school nurses “Maximising the school nursing team contribution to the public health of school-aged children” (DH 2014). This has now been published and sets out the core offer that should be available at a local level. This has been utilised to write the first draft of the Public Health service Contract for School Nurses so is too early to evidence what impact this will have on the service.

Vacancies are being recruited to in a timely manner, utilising skill mix where possible, however the danger of having too many lower Bands within teams is a diluted service, lacking in experienced senior staff with the skills to meet the complex needs of some of the young people who access the service.

One key area of pressure, which is currently being addressed by the Service Leads for School Nursing, Health Visiting and Safeguarding, is that of routine attendance at safeguarding conference, when the school nurse has not got any current involvement with the child or the family. A paper is currently being finalised, written in conjunction with SASU, health and commissioners so that contributions are made when necessary but that routine attendance is removed. Although this will address the pressure caused by having to cancel planned work at short notice to attend safeguarding meetings it will only go some way to addressing the significant pressure that staff are facing.

In addition the population growth in Cambridgeshire continues to have a direct impact on this service. The Royal College of Nursing standards state that one school nurse is required for every eight primary schools, and the Department of Health recommend one school nurse for each secondary school and its feeder primaries. The current service establishment remains somewhat far from this recommendation and will continue to do so with the new schools that have either opened within the last academic year or are planned to open either this or by the beginning of the next academic year, with no investment of extra staff, yet an expectation from the schools, young people and their families that they will be offered a service.

One of the key priorities is for School Nursing to work in partnership with Child and Adolescent Mental Health Services (CAMH) to relieve pressures in the system. The aim is to manage the caseload more effectively and mutual strengthen the pathway.

0-19 services,  
health visiting  
and school  
nursing

Health Visiting and School Nursing Services, Luton- Manager -Gillian Botha

QEWTT SCORE	Jan-14	Feb-14	Mar-14
Health visitors	15	17	18
School Nurses	6	7	18

### Health Visiting

The following table illustrates the job roles in Health Visiting, the funded establishment, the staff in post and the vacancy rate in the service as at March 2014:

	<b>Staff in post</b>	<b>funded</b>	<b>Vacancies</b>
<b>Luton HV</b>			
HCA Surestart	0.8	2	1.2
Healthcare Assistant	4.7	4.7	0
Nursery Nurse in Special Needs	1.28	0	-1.28
Community Nursery Nurse	9.6	8.6	-1
Community Staff Nurse (HV)	1.01	1.61	0.6
Health Visitor B6	30	29.9	-0.1
Clinical Lead Health Visiting	1	1	0
Community Practice Mentor	1	1	0
Community Practice Teacher	1.8	1	-0.8
Team Leader	3	3	0
Health Visitor B7	5.6	5.6	0
<b>SHA Funded training places</b>			
Student Health Visitor	31.8	30	-1.8

The Health Visiting (HV) Service was subject to an external review by Sustain in February 2014, which identified that the growth required from 43.3wte (this includes all staff with a health visitor qualification used in their role) to 70 wte by March 2015 provided both recruitment challenges concerning the availability of experienced health visitors and the need to develop and implement a workforce plan to ensure the development of a resilient workforce through preceptorship, mentoring and robust supervision models.

A recruitment plan is being implemented with a video featuring services in Luton , face book advertising , and an open day and recruitment fair programme. As neighbouring Trusts are able to offer outer London allowances, the utilisation of financial incentives is being reviewed. Dedicated internal resource in place to support this service.

Preceptorship and supervision models are being reviewed to ensure they meet the need to develop resilience in the workforce.

The caseload weighting tool has been utilised to inform the distribution of health visitors across Luton to enable the implementation of the Universal Programme fully from March 2015.

### School Nursing

The following table illustrates the job roles in School Nursing, the funded establishment, the staff in post and the vacancy rate in the service as at March 2014:

	<b>Staff in post</b>	<b>funded</b>	<b>Vacancies</b>
<b>School Nurses</b>			
Health Care Assistant	2.48	2.48	0
Assistant Practitioner	1	1	0

Community School Staff Nurse	1	1	0
School Health Support Nurse	2.59	1.78	-0.81
Community Paeds Asthma Nurse	0.6	0.6	0
School Nurse	1	1	0
Specialist Comm.Public Hlth School Nurse	1	3.5	2.5
Community Practice Teacher/team lead	1	2	1

- 4 qualified school nurses working with 12 secondary schools, a ratio of 1:3. This is higher than the national recommendation of 1:1 (DH 2005)
- There is a vacant team lead post which is currently being recruited to; interim cover is being provided by one of the 4 qualified school nurses.
- Vacancy and maternity leave is being managed through agency covers.
- The service has agreed plans to sponsor one Specialist practitioner school nursing service for academic year 2014-2015 as part of its on-going workforce development programme.

The Commissioners in Luton are currently in discussions with CCS to revise the School Nursing Service Specification to include;

- Expansion of the universal service offer to include all independent schools; an additional 12-15 schools the size of which is being ascertained to clarify the potential size of the caseload.
- A monthly 2 hour drop in session to be provided in all secondary schools to support improvements in public health outcomes from June 2014.
- The phased transfer of review health assessment activity to the Looked After Children and Care Leaver Service

Analysis is being undertaken on the impact of the expansion of the universal offer to all schools mitigated against the phasing out of the review health assessments.

The service will be delivering the newly introduced Meningitis C (MEN C) immunisation programme. The catch up programme will start in May 2014 for year 10 students alongside the Tetanus, Diphtheria and Polio vaccination. This is a very short time scale for delivery of this programme for this year putting additional pressure on a small service. In 2014-2015 the MEN C vaccine will be offered to students in year 9 and also in the same year there is an expectation that the flu vaccine will be delivered to children in years 7 & 8.

The school nursing service will be piloting an integrated school screening programme for reception year children. This involves working with paediatric audiology and eye services to deliver the vision and audiology screening programme and the NCMP in one visit as opposed to the current practice of 3 separate visits. If successful this programme will have implications for the future skill mix structure of the current school nursing service; the staff undertaking the screening may need to be integrated within the school nursing service.

Children's  
Community  
Nursing

Children's Community Nursing, Luton –Service Manager - Sarah Wrench

	SCORE	SCORE	SCORE
Team	Jan-14	Feb-14	Mar-14
	QEWTT	QEWTT	QEWTT
Community Nursing	15	15	5
Children's Continuing Care	NR	13	13
Special Needs Nursing	10	5	13

The following table illustrates the job roles in the service, the budget, the staff in post and the vacancy rate in the service as at March 2014:

	<b>Staff in post</b>	<b>funded</b>	<b>Vacancies</b>
<b>Childrens Continuing Care</b>			
Nursery Nurse	8.35	10	1.65
Nurse Co-ordinator	1	1	0
Complex Needs Lead	1	1	0
<b>Paediatric Nursing</b>			
Children's Community Nursery Nurse	1	1	0
Community Staff Nurse	3	4.29	1.29
Community Staff Nurse	1	1.8	0.8
Specialist Nurse	1.6	1.6	0
Children's Community Nurse	2.6	2.6	0
Child Comm Nurse Team Leader	1	1	0
Paediatric Epilepsy Nurse	1	1	0
Primary Practitioner	3.5	3.2	-0.3
<b>School Nursing Spec Needs</b>			
Assistant Practitioner	1	1	0
Nursery Nurse Special Needs	1.4	1.4	0
Special Needs Nurse	3.51	3.9	0.39
Special Needs Nurse Co-ordinator	0.53	0.53	0
Named Nurse Special Needs	0.65	1.36	0.71
Team Leader - Special Needs Nursing Service	1	1	0

NHS at Home: Community Children's Nursing Services (2011), identified the need for robust, out of hospital services, for ill and disabled children. There are recommendations regarding safe staffing within the community for children's nursing, and indications from the service review highlighted that the service is currently operating under RCN guidance.

Demand on the service continues to grow year on year, significantly with an increase in complexity and life expectancy of the children and young people. This has a direct impact on the workload and time taken not only for clinical interventions but also complex case management and safeguarding.

As a result of the workforce review and discussion at the January 2014 Children's Clinical Operational Board, the following action was noted and next steps agreed:

- The QEWTT reports had highlighted the issue of shifts being covered by Agency Staff, particularly in the Continuing Care Team. This has been mitigated by a recruitment drive following a successful contract variation.
- There has been difficulty recruiting to the Transition Nurse Coordinator part time and term time only role. This post has now been funded full time and has been filled.
- In order to develop our own staff, the role of a Community Practice Teacher has been created, a member of staff has started the course. 1wte student is being employed to undertake the specialist practitioner course in September. Interviews are planned.
- Most of the Special Needs Nursing Team are on term time only contracts which is

	<p>not appropriate for the current demand. New posts will be recruited on 'year round posts'/full time contracts working flexibly across all teams.</p> <ul style="list-style-type: none"><li>• The education development plan for the service will prioritise developing more Independent and Supplementary Nurse Prescribers.</li><li>• Review the opportunity to employing more specialist nurses to work at the Child Development Centre and possibly a Community Nursery Nurse.</li><li>• Develop rotational posts across all teams for newly employed nurses to provide opportunities for using a full range of clinical skills and to improve cover and flexibility across the full range of services, covering for sickness and other absences.</li></ul>
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**GLOSSARY OF TERMS:**Nurse Banding's explained:

Band 8	Senior Manager
Band 7	Ward Manager (Registered Practitioner)
Band 6	Senior Nurse (Registered Practitioner)
Band 5	Newly Qualified Nurse (Registered Practitioner)
Band 4	Health Care Assistant
Band 3	Health Care Assistant
Band 2	Housekeeper

April 2014