19.20.131 Appendix 1

Six Monthly Safer Staffing Report

Period of review: May 2019 – October 2019

Introduction

This report details the six month overview of safer staffing for Cheshire and Wirral Partnership NHS Foundation Trust (thereafter referred to as the Trust) for the period May 2019 to October 2019 (inclusive). This is in addition to monthly fill rates reported to the Trust Board. The aim is to provide an overarching review across the six month period to include workforce planning, deployment of staff, skill mix and workforce challenges. Collectively evidencing the Trust's capacity and capability to provide high quality care[1] via safer staffing.

The guidance for safer staffing is determined by the National Quality Board (NQB). The NQB standards require trusts to provide assurance that organisational practices, skills development and evidence based tools are in place. Primarily this is to assure the delivery of quality clinical care to patients across the range of specialisms in the Trust, including in-patient, community and specialist services. Specifics that are requested to be considered include:

- Evidence-based tools employed to inform nursing and care staff requirements.
- Fostering a professional and responsive culture where staff feel able to raise concerns.
- Employing a multi-professional approach when setting nursing, midwifery and care staff, staffing establishments.
- Providing sufficient time for care staff to fulfil responsibilities beyond direct care delivery.
- Communicating the daily staffing provision per shift.
- Securing staff in line with the workforce requirements.

The information included in this report is derived through various means including data analysis (for example fill rates), temporary staffing and agency use. Additionally, qualitative views and project updates are considered. Specific project updates for each service area are detailed in the subsequent sections below.

[1] The National Quality Board (2013) How to ensure the right people, with the right skills, are in the right place at the right time A guide to nursing, midwifery and care staffing capacity and capability https://www.england.nhs.uk/wp-content/uploads/2013/11/nqb-how-to-guid.pdf

Recommendations:

The Trust Board are asked to receive assurance that the NQB safer staffing standards are being met and to approve the recommendations contained within each section of the report.

Process:

The Trust contract requires that information is presented bi-annually to ensure that there is "sufficient appropriately registered, qualified and experienced staff to enable the services to be provided in all respects". The achievement of this is continuous across the year through various work streams, task and finish groups, data accumulation and analysis.

The information accumulated for the inpatient six monthly safer staffing review (section 1) has been expansive and evidences the depth of the Trust's investment in its approach to safer staffing. To assist the discursive aspects of this section of the report the key headings of; Effective Workforce Planning, Deploying Staff Effectively, Redesigning Roles & Skill Mix and Responding to Unplanned Workforce Challenges are adopted. These are the headings detailed by NHS Improvement in their *Developing Workforce Safeguards, Supporting providers to deliver high quality care through safe and effective staffing* (NQB, 2018) [2] report.

The safer staffing review has continued to extend and includes approaches underway in relation to safer staffing in the following areas:

Section 1 - Inpatient services
Section 2 - Improving Access to Psychological Therapies (IAPT) services
Section 3 - Place Based Specialist Mental Health services
Section 4 - Learning Disability services
Section 5 - Starting Well 0-19, SALT, paediatric continence services
Section 6 - Community CAMHS
Section 7 – Neighbourhood Care Community Teams

[2] NHS Improvement (January 2018) Developing Workforce Safeguards Supporting providers to deliver high quality care through safe and effective staffing
https://improvement.nhs.uk/documents/3320/Developing_workforce_safeguards.pdf

Section 1 – Inpatient Services

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1. Effective Workforce Planning

Inpatient services roster staff utilising the Healthroster system, anticipating nursing staff requirements per shift, per week and monthly as required.

The planned rostering facility offered within Healthroster permits nursing skill mix to be taken into account to enable the early identification of staffing deficits and also facilitates contingency planning. The ward establishments provide capacity to allow staff time to fulfil planned activities such as training requirements and planned leave. Staff may submit requests in relation to their allocated shifts to accommodate their individual needs and personal circumstances. Flexibility within rostering and determining the planned establishment per shift remains the responsibility of the ward manager which enables staff wellbeing needs to be met alongside the provision of safe and responsive staffing.

Six Month Aggregate Fill Rate by Bed Based Area (May-October 2019):

Table 1: Specialist Mental Health
Bed Based Wirral & Psychiatric Intensive Care Unit (PICU)

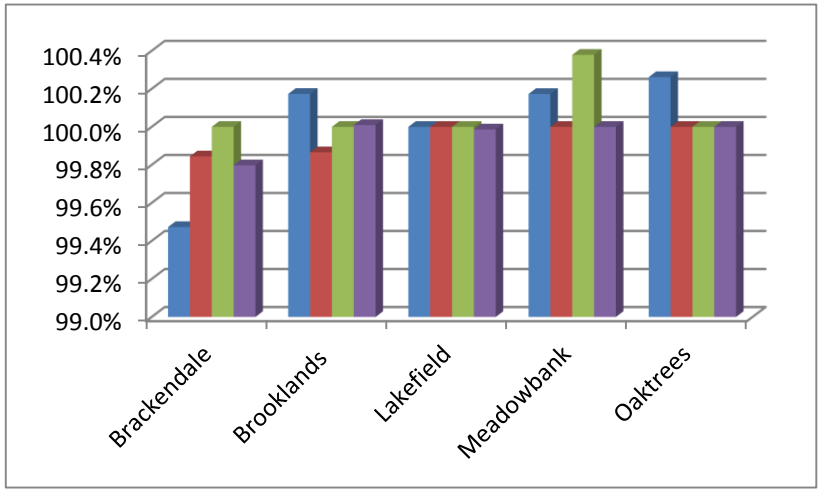


Table 2: Specialist Mental Health
Forensic, Rehab, Complex Recovery Assessment and Consultation Service (CRAC)

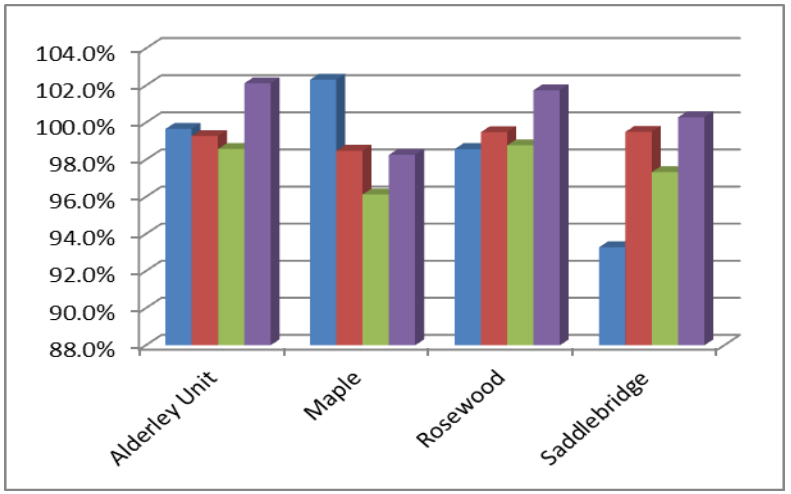


Table 3: Specialist Mental Health – Bed Based West & East

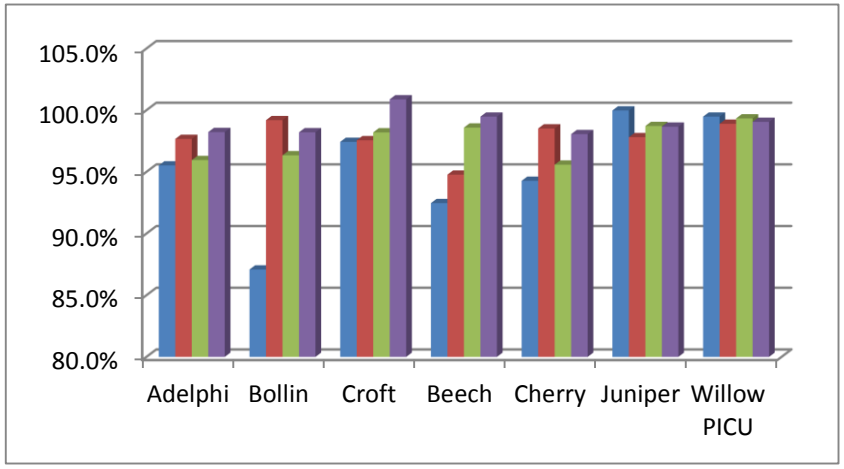
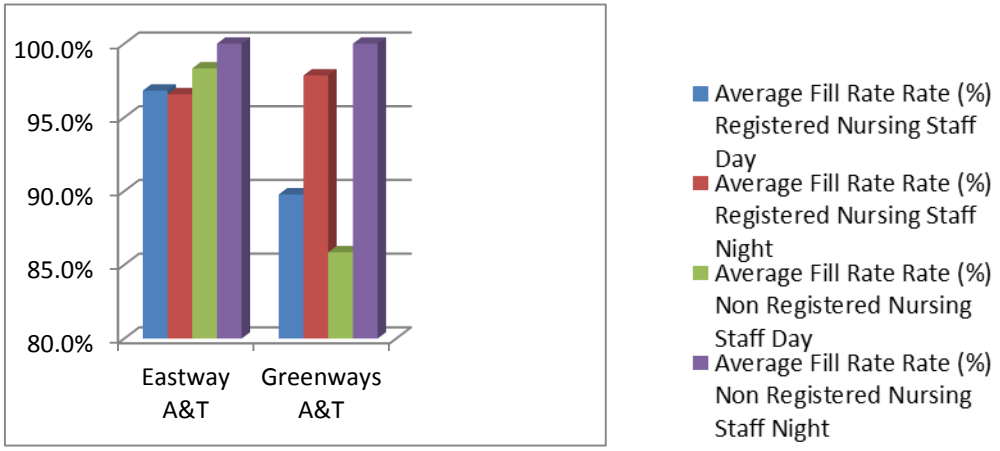


Table 4: Learning Disabilities and Neuro Developmental Disorders



Overall the wards have managed to sustain sufficient fill rates to maintain safer staffing levels over the reporting period through a flexible approach to utilising staffing across localities in order to provide cover in response to fluctuating clinical needs. Fill rates include all registered and unregistered nursing staff who undertake full standard shifts but do not include staff from the wider multi-disciplinary teams who support the inpatient environments and are able to work into the staffing numbers as required.

The previous six monthly report highlighted particular difficulties on Bollin which, whilst improved over this reporting period, continue to present some challenges in relation to maintaining safe staffing levels on the ward as show in Table 3. The measures that were adopted in relation to these difficulties have continued to be implemented over this reporting period, which include:

- Staffing levels were monitored closely at the twice weekly staffing meetings and reviewed by the Head of Clinical Services and the Modern Matron.
- Occupational therapists worked as part of the multidisciplinary team supporting observations and section 17 leave (this is not captured as part of the return).
- The ward manager was included in the numbers to support the team as required.
- Temporary band 5 posts being recruited into.
- Modern Matron working closely with the ward.

There has also been a reduction in beds on Adelphi and Bollin to support the service redesign going forward into the next six months.

Within Learning Disability services Greenways has also encountered some staffing challenges during this reporting period as shown in Table 4. There was a reduction in band 6 leadership capacity during the this period due to a promotion to the Acting Manager's role and long term sickness. The band 5 nurses were supported during this period by the Acting Manager in addition to the Acting Matron having an increased presence on the unit.

During the period of September and October 2019 the unit was awaiting the start of a newly recruited Occupational Therapist (OT) and OT Technical Instructor and the Advanced Practitioners were both off sick. However, this did not impact on patient activities as the Acting Manager put a plan in place for staff to lead on this. The undergraduate working alongside the psychologist was also able to support the facilitation of activities.

There was an increase in band 5 sickness on the unit during the reporting period but there were no emerging themes. All staff have now returned to work.

CAMHS:

Table 5 Coal and Indigo Sept-Oct 2019

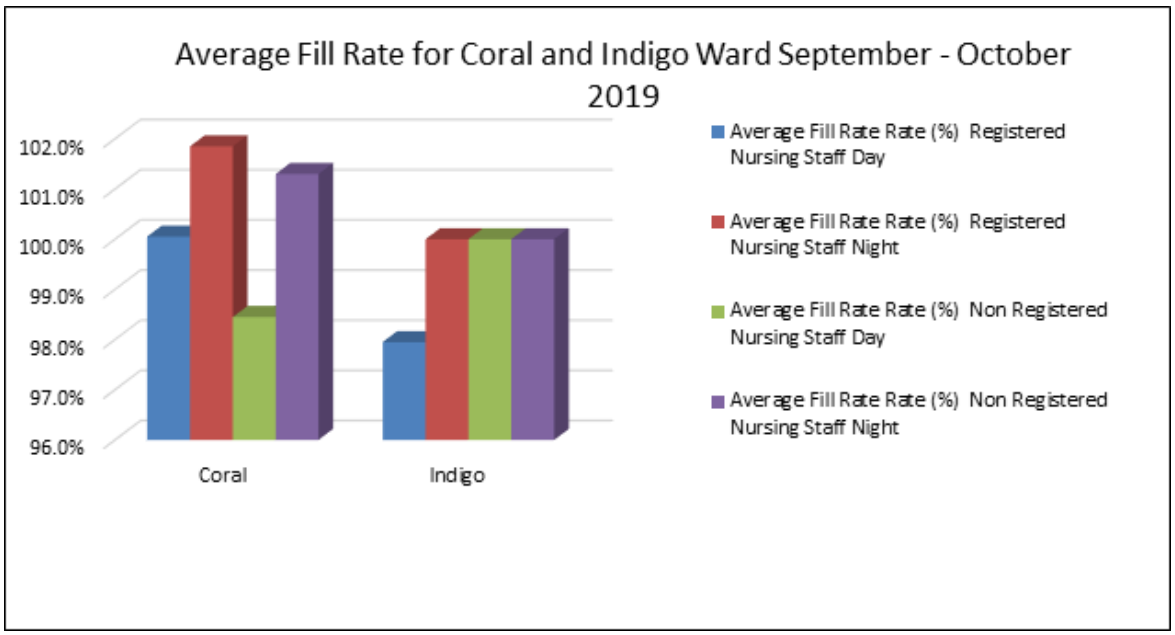
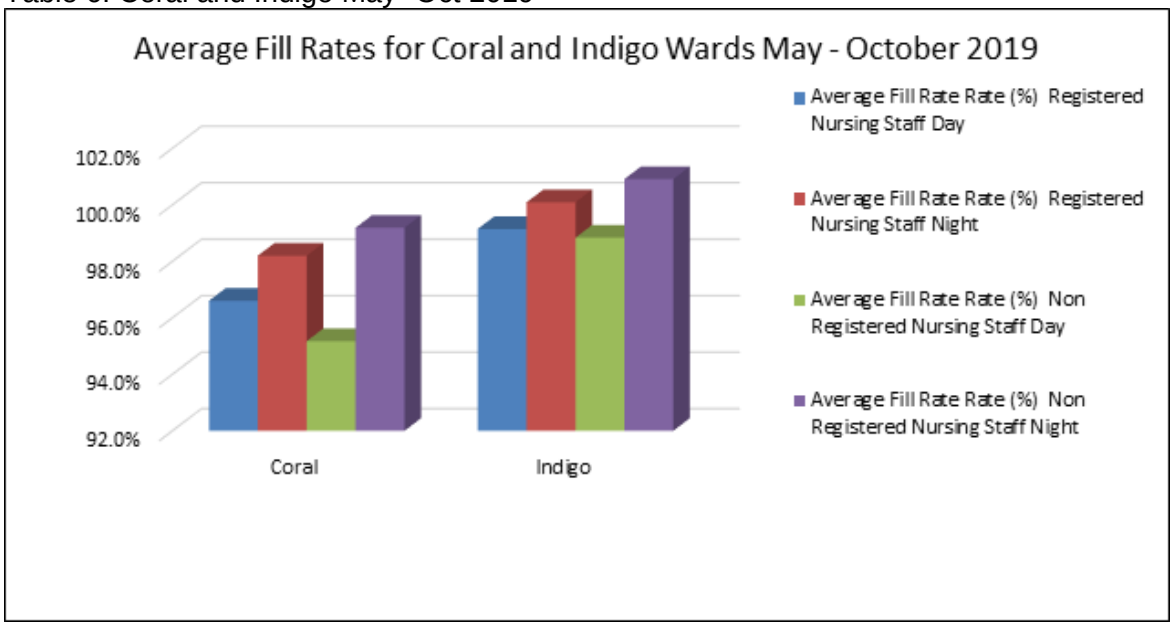


Table 6: Coral and Indigo May- Oct 2019



In November 2019 the Trust Board was advised that there was a requirement to undertake further data cleansing in relation to the fill rate data that was collated for Coral and Indigo Wards therefore the monthly fill rate data for these areas for September and October 2019 has not previously been shared within the monthly safer staffing reports. This data cleansing exercise has now been completed and the administrative processes on the wards have been reviewed in order to ensure that safer staffing information is recorded accurately and

consistently. The fill rate information for September and October 2019 is outlined above (Table 5) and is reflected in the average fill rates for the reporting period (Table 6). Both wards were able to maintain safe and effective fill rates during the reporting period.

Tier 4 CAMHS has expanded its in-patient provision during this period, increasing to 30 beds in April 2019. The additional beds at Ancora House saw an increase in the staffing establishment to meet the expected care needs and all posts (nursing and allied health professionals) were successfully recruited to. This capability to recruit was seen as exceptionally positive.

1.1 New Models of Care

Work is ongoing to develop new models of care to meet the clinical needs of individuals who are admitted to inpatient services, this includes:

Psychological Therapies – Psychology provision varies within the Trust, the acute wards currently have limited dedicated psychology provision however the development of a dedicated acute inpatient psychology post has recently been approved with a view to expanding this provision next year. Rehabilitation, secure services and LD assessment and treatment units have dedicated psychology provision as part of their MDT who are able to support the wider inpatient safer staffing requirements as and when needed.

Personality Disorder Hub - A proposal for developing a rehabilitation community team is being reviewed. The focus of the team will be to work with people who have a mental health diagnosis who have complex needs. The aim of the team will be to work intensively to support people within their own communities and the team will offer wrap around care based on individualised needs. The team will support people with a variety of diagnosis and will be provided based on needs as opposed to diagnosis. It is anticipated that improving support for individuals with complex needs within the community will reduce the requirement for these individuals to access inpatient services

Allied Health Professionals - the Allied Health Professional (AHP) work stream is being progressed alongside the physical health programme of work, which is reviewing the skill mix required to treat the physical health needs of individuals admitted to inpatient services .

1.2 Recruitment

There are challenges in recruitment of registered nurses nationally; this is an area of priority for the Trust. A rolling quarterly programme of recruitment targets inpatient Band 5 nurses and Band 3 Clinical Support Workers with agreement to recruit in advance of need.

Understanding the turnover rate has enabled the determination of recruitment in advance of need and has helped reduce the impact of any recruitment attrition thus not resulting in longer term vacancy rates. During this period we have conducted 6 nurse events and 3 support worker events across the Trust. Ward Managers' and Modern Matrons report that this has been successful primarily in knowing that there are identified new starters due to commence at a specific time.

The recruitment programme has also targeted pre-registration nurses who qualified in Sept 2019 and some who are due to qualify in March 2020. The employment of newly registered nurses requires that there are sufficient numbers of preceptors to provide and support effective learning opportunities. Facilitating learning opportunities to enable experienced registered nurses to gain sign off preceptor status is a priority for Ward Managers and Clinical Leads.

The table below indicates the establishments, vacancies and numbers in recruitment as at October 2019. The time to hire from vacancy advertised to contract letter as at October 2019 was 49.3 working days and the average time to hire during this reporting period for the same criteria was 50.8 working days (compared with 49.8 during the last reporting period).

Trust Wards	WTE [budgeted establishment] as at Oct 19	WTE [Staff in post] as at Oct 19	Staffing differential	% of vacancies against establishment	WTE in recruitment as at Oct 19 (from out to advert to start date booked)
Registered Nurses	305.06	287.41	-17.65	-5.79%	21
Clinical Support Workers	309.45	299.86	-9.59	-3.10%	20.11

1.3 Training and Supervision

Training and supervision is a mandatory requirement for all Trust staff. Supervision has been reviewed, resulting in changes to supervision requirements. All clinical practitioners are required to complete clinical supervision as a minimum once within every twelve weeks and management supervision once within every twelve weeks. The clinical supervision review was co-designed with ward manager input. The staff are able to view their own compliance via the "My ESR" app – this has been positive as some staff are actively asking for supervision to meet their compliance.

Mandatory training requirements have been reviewed with the decision to introduce a "one stop shop". This is expected to provide a greater efficiency to respond to clinical needs by enabling more robust planning, combined with a reduction of episodic sessions and travel demands. Having the ability to plan in advance for a full days training will result in staff being released for their mandatory training without the need for last minute cancellations as has been recognised for this six month period.

2. Deploying Staff Effectively

Although the Resource Managers are responsible for the production of the rosters for the wards, the Ward Managers have the overall accountability for the approval of the rosters. There are differences across the Trust in support from wider multidisciplinary teams.

The Resource Managers in West and East attend the regular staffing meetings within the localities, alongside Ward Managers, Modern Matrons and Head of Clinical Services to respond to safer staffing numbers across the wards. In addition, there is the escalation process through the bleep holders and also the on-call management system.
Wirral have a one Hub Manager who supports all of the wards. The Hub Manager attends the leadership meeting, addressing any admin concerns and chairs the Wednesday staffing meeting, identifying gaps in the roster. This has resulted in improved oversight of rostering, absence management and recruitment by the Ward Manager and the Clinical Leads.

2.1 Care Hours Per Patient Per Day (CHPPD):

Care hours per patient per day (CHPPPD) considers the distribution of staff to patient ratio with attention to the time allocated to direct patient care. The data submission includes temporary and permanent nursing staff and Occupational Therapy staff, Nursing Associates and Trainee Nursing Associates.

The average CHPPD is calculated using information extracted at 23.59 hours each night against the number of inpatients on the ward at that time. It is difficult to make comparison between wards and determining what the data entails as numbers do not reflect the nature of the care need per patient. The distribution has not allowed for ward specialisms and individual care complexities. CHPPD on its own does not provide qualitative overview of the effectiveness or safety of care thereby contributing as part of the overall safer staffing process. Greater understanding is required to determine how the data from CHPPD can be used to inform workforce planning.

3. Redesigning Roles and Skill Mix

Tier 4 CAMHS and Learning Disability Assessment and Treatment units now have dedicated Modern Matrons, with the appropriate skill set to support these services. These roles work collaboratively with the other Modern Matrons within the Trust.

The redesign in the East locality has provided opportunities for staff development. This will support succession planning for these services within the future.

East continues to have a pharmacy technician role on Croft Ward which has freed up the Registered Nurse time to spend with patients. A report has been completed by the Acting Senior Pharmacy Technician and submitted to the Head of Operations to consider the sustainability and growth of this role.

4. Responding to Unplanned Workforce Challenges – Openness and Transparency

At times there are challenges across the Trust to maintain safer staffing in relation to qualified nursing provision. Each locality continues to undertake their own staffing meetings which monitor staffing requirements and take action to ensure sufficient staffing capacity is available in response to changing needs. In addition to these meetings staff are able to escalate short term deficits to the bleep holders and senior managers who are able co-ordinate reallocation of resources.

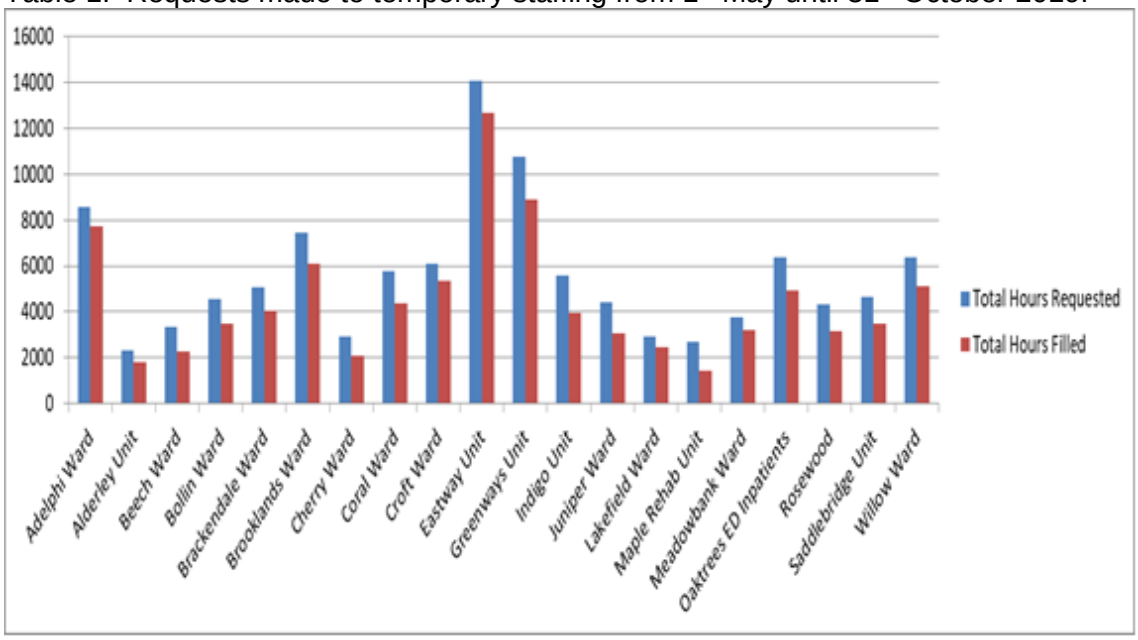
Within the East locality the ongoing redesign of Adult Mental Health inpatient provision has resulted in some staffing pressures. These have been mitigated by delaying the transfer of some existing ward staff to their new positions within the community based services in order to ensure safer staffing requirements on the wards could be supported.

The complexity of some of the admissions to the inpatient areas has periodically required an increase in clinical observations and a corresponding increase in staffing to undertake these interventions.

The unplanned deficits within inpatient services have been as a result of short term sickness absence and periods of increased clinical acuity.

The table below shows the requests made to temporary staffing during the reporting period to meet safer staffing requirements due to both unplanned absences and increased clinical needs of patients. The highest number of requests was from the Learning Disability Assessment and Treatment units which, due to their provision of externally commissioned spot purchased beds, rely on short term staffing solutions to support the service model.

Table 1: Requests made to temporary staffing from 1st May until 31st October 2019.



5. Conclusion

This report covers the period from May until October 2019 and demonstrates that staff have been able to effectively respond to fluctuating clinical needs and maintain safe environments by working flexibly and collaboratively. It has highlighted how the teams are able to work together in response to changing clinical requirements.

Right Staff

Inpatient areas continue to experience staffing pressures as a consequence of unplanned absences and increased clinical demand. There continues to be a proactive management approach to address deficits through taking a multi-disciplinary approach to staffing wards, engaging temporary staff, paying overtime and as a last resort utilisation of agency staff. The were no concerns relating to authorisation to seek additional staff to provide safe care however the availability of temporary staff continues to be a challenge. There was effective cross locality management of staffing to safeguard safe staffing levels. There has been ongoing recruitment into vacancies particularly registered nurse posts, this is not unique to the Trust as this forms part of national nursing pressures. The approach to recruitment in advance of need is a proactive response to maintaining safer staffing.

There remains a commitment to attain the right staff and the recruitment of student nurses continues to be a proven successful initiative for mental health services but remains a challenge for learning disability services. Additionally the development of new roles and the incorporation of a broader skill mix continues to evolve. What is evident from a safer staffing perspective is that the delivery of effective care is not only about the numbers of staff, but also the skill mix of the ward teams and the value of a Multidisciplinary Team approach in the context of changing clinical demands and priorities. Having the right staff has been a continuous process and requires ongoing monitoring.

Right Skills

The Trust continues with its commitment to develop the workforce. Staff have access to a range of development opportunities within their current roles including “acting up” positions and taking on additional responsibilities, which supports succession planning. The Trust is also supporting a number of individuals through the Nursing Associate and Advanced Nurse Practitioner programmes who, once qualified, will broaden the skill mix available across inpatient areas and increase the overall staffing capacity on the wards.

To support timely and effective decision making by the MDT a Clinical Psychologist in learning disability services and Advanced Practitioner in mental health services are undertaking the Approved Clinician training.

Right Time

As evidenced above the ward teams are committed to ensuring that patients have their needs met by sufficiently skilled staff in a timely manner. The ongoing collaborative planning

and monitoring undertaken by the management teams across services enables safer staffing requirements to be continually adhered to using a flexible approach.

Recommendations

- Scope succession and progression planning for the short to medium term for all staff groups to support maintenance of sustainable safe staffing levels and effective retention.
- Review the impact and effectiveness of the band 5 Pharmacy Technician Role at Croft to inform the future provision of this role and the potential to replicate this in other service areas.
- Following agreement of contract negotiations for existing spot purchased beds, develop a proposal to increase the substantive staffing establishments for Learning Disability Assessment and Treatment services.

Section 2 - Improving Access to Psychological Therapies (IAPT)

The Improving Access to Psychological Therapies (IAPT) programme supports the NHS in implementing National Institute for Health and Clinical Excellence (NICE) guidelines for people with depression and anxiety disorders.

NHS England recommend services employ IAPT trained staff or train their existing staff in the recognised therapy modalities to expand capacity and where services are employing non-IAPT trained staff those staff should be accredited, by the recognised body (i.e. British Association for Counselling and Psychotherapy for CBT therapists) for the modality of therapy they are offering.

The IAPT model is that steps 1 and 2 are provided by low intensity therapy workers trained in cognitive behavioural approaches for people with mild to moderate anxiety and depression. Moving up the stepped approach to level 3, provided by IAPT high intensity therapists trained in Cognitive Behavioural Therapy (CBT).

Right Staff:

	Trainee PWPs (WTE)	Qualified PWPs (WTE)	Senior PWP (WTE)	Trainee HITs (WTE)	Qualified HITs (WTE)	Qualified Counsellors (WTE)	Assistant PWPs/HCAs (WTE)	Total Staffing (WTE)	Variance from previous reporting period
South Cheshire and Vale Royal	12	5.74	1	2	9.5	5.3	1	36.54	Increase 6 WTE
West Cheshire	9	10.4	1	0	10.9	7.6	1	39.9	Increase 7 WTE
South Sefton, Southport & Formby	7	15.49	2	4	11	5.52	0	38.01	No change

*PWP-Psychological Wellbeing Practitioner, HIT- High Intensity Therapist

The increase in staffing establishment during this reporting period is linked to the Five Year Forward View investment, which has created additional posts within the service.

NHS England are recommending that the IAPT model reflects a 40% low intensity work force and a 60% high intensity workforce, with the long term conditions modelling reflecting 30%

low intensity and 70% high intensity, as documented in the updated IAPT manual. The West Cheshire, South Cheshire & Vale Royal CCGs have invested in additional trainee IAPT staff this year and collaborative work with the CCG's is underway to align local service provision with the recommended model to meet the expected national targets. This is reflected within the above table.

Supervision:

There are sufficient numbers of supervisors for core Psychological Wellbeing Practitioners (PWPs), counsellors, and High Intensity Therapists (HITs) to meet the NHSE recommendations for IAPT. Within all localities it is identified that there are insufficient supervisors to provide supervision related to Eye Movement Desensitization and Reprocessing Therapy (EMDR). To address this EMDR consultant sessions across the IAPT sites have been purchased to provide the required supervision. An EMDR therapist will receive additional training to achieve accreditation as an EMDR consultant. By October 2020 the EMDR consultant will be able to provide internal supervision and develop a cascade approach to supervision across sites.

Internal supervision is being monitored monthly by the Clinical Leads within the service.
Sufficient number of supervisors to include supervision for counselling for depression is available as a result of the current trainees qualifying and accessing the Health Education England (HEE) commissioned supervisor course.

Right Skills

Locality	% of PWP Trainee on IAPT approved training	% of IAPT Qualified PWP	% of HIT Trainee on IAPT approved trainee	% of IAPT Qualified HIT	% of Qualified Counsellors with IAPT approved training or commencing training
South Cheshire & Vale Royal	100%	100%	100%	100%	100%
West Cheshire	100%	100%	100%	100%	100%
South Sefton, Southport	100%	100%	100%	100%	100%

& Formby					

We are assured by reaching 100% compliance for training in accordance with expected standards for all staff groups. It is not mandated that qualified counsellors have IAPT approved training but it is recognised good practice. This is an area of improvement and we plan to enable our qualified counsellors to access this additional training by the end of the March 2020.

Right Time / Place:

The discussions of individual clinical cases during supervision are prioritised according to clients' needs and a pre-determined schedule. All cases are reviewed within a 2- 4 week period of time with supervision being available for individual clinical cases weekly as required.

High intensity activity is currently higher than the national model for step 3 across the IAPT services. Every service offers a stepped care model with all patients initially being offered a step 2 intervention. This enables staff to meet patient need effectively by identifying those with a greater need to continue onto a high intensity programme and enables capacity to be appropriately managed. To ensure we are offering the correct intervention at the right time therapists continually monitor patients improvement through psychometric measures and patients are stepped up to a higher intensity therapy if they are not recovering as expected.
All IAPT services deliver treatment through a range of modalities such as telephone, group therapy or 1-1 therapy which is delivered according to the IAPT guidance. All areas offer web based support which enables the staff resource to be maximised to meet patient need.

Recommendations:

- To enable qualified counsellors without IAPT approved training to access courses by March 2020.
- To monitor the provision of internal supervision for Counselling for Depression.
- To develop an internal cascade approach to supervision by October 2020 following successful training and accreditation of the EMDR therapist to consultant status.

Section 3 - Place Based Specialist Mental Health Services

Overview

This report provides an overview of safer staffing within place based services that fall within the Specialist Mental Health Care Group. It details the current position together with the steps currently being undertaken to ensure that services and the workforce are positioned to respond to the safer staffing agenda by ensuring the right staff, the right skills and the right place.

Background

One of the Trust's key priorities is the transformation of mental health services driven by the redesign of inpatient services in Central and Eastern Cheshire and in the recently published Community Mental Health Framework[3].

Within the context of an aging workforce and increasing difficulties in the recruitment to key roles it is imperative that these work programmes take an innovative approach to the development of new roles for both registered and unregistered staff that use the assets and skills of the local community to integrate care delivery. Given the significant changes required to traditional roles and ways of working to deliver against these work streams, support will be required with organisational development, as well as a focus on the education and training requirements of staff in order to ensure a skilled and motivated workforce across the organisation.

In order to support the transformation of community mental health services a greater emphasis is being placed upon ensuring that the workforce and skill base within services reflect the needs of the population at both a local (Primary Care Network) and regional level and that these services work in partnership with other agencies to address the wider determinants of health. Work is currently being done within Localities at a Primary Care Network level to both understand the needs of local populations and to develop integrated approaches to meeting these needs. An example of this is the new approach to Dementia support in Knutsford. This approach has aligned practitioners with specialist skills in mental health services with GP/Primary Care services which has supported the identification and reduction of duplication and wasted resources. The resultant efficiencies from this integration

[3] NHS England and NHS Improvement and the National Collaborating Central for Mental Health (2019) The Community Mental Health Framework for Adults and Older People https://www.england.nhs.uk/wp-content/uploads/2019/09/community-mental-health-framework-for-adults-and-older-adults.pdf

has enabled the development of new ways of working to further improve and streamline service delivery, for example, working within the Nursing Home MDTs.

Right Skills

The place based Specialist Mental Health workforce is starting to routinely develop and utilise advanced skills and roles within clinical practice. Particular examples include the development of Non-Medical Prescribers, Advanced Practitioner roles and the new Nursing Associate role. Historically, there has been limited consistency across the care group in relation to the development of these roles – particularly the Advanced Practitioner, and how the utilisation of these advanced skills are optimised. Following the work previously undertaken to identify the skills required to undertake interventions at varying levels of complexity, the development of new standardised Job Descriptions that clearly identify the roles and skills required is now creating greater consistency with the introduction and deployment of advanced roles across the Care Group.

The increased reliance of technology in everyday working practice as well as digital treatment approaches requires the development of IT skills across the entire workforce. New devices are currently being rolled out to teams to support increased mobility and associated protocols and training programmes are being developed which will support these new ways of working to be embedded in order to realise the benefits of mobile working through releasing staff time to engage in clinical activities.. Efficiencies accrued to date as a result of reduced time spent logging into systems and travel brought about by the introduction of new equipment are being collated at a Trust level, however further work is required to introduce new ways of working with technology and maximise the benefits from both a systems, training and cultural perspective.

Attention is starting to move towards the development of psychological skills within the workforce with a specific emphasis on those evidence based interventions for people with a severe mental illness: Psychosis, Bipolar Disorder and Personality Disorder. Initial scoping has been undertaken across community mental health services with regard to current capacity for NICE compliant therapies to be delivered compared to the level of demand and this information has been submitted to NHS England to determine the future training requirements for specific psychological interventions. To support this, the Care Group has recently invested in training approximately 70 people in Structured Clinical Management and is currently developing a strategy for its implementation and use as part of a wider strategy for the implementation of psychological interventions.

Right Staff

The identification of the skill requirements for effective service provision has enabled an innovative approach to the development of a multi-disciplinary team enabling a much broader range of professional backgrounds to be involved in service delivery, including pharmacy. This approach has also provided an increased resilience with regard to some of the roles that are becoming increasingly difficult to recruit to. Over the past year there have been pressures across the medical work force for both adult and older peoples' community mental health services and whilst these gaps have now been filled, there remain a number of posts filled by Locums resulting in financial pressures on teams as well as a continued level of uncertainty regarding the permanence of these posts. In addition, ability to cover other posts including administrators, support workers and nurses on a temporary basis from both bank and agency, is challenging and the additional restrictions placed on the use of agency administration staff has posed additional pressures.

The Community Mental Health Framework makes significant reference to the use of Peer Support within services. Work is currently being undertaken to understand models of delivery and the value this brings to inform future procurement.

Progress is being made towards addressing the clinical gaps within the Care Group to ensure that there is a robust approach to identifying and supporting the physical health needs of service users through utilisation of new role . Examples where this is in place or is planned within CMHTs include:

- The introduction of clinical pharmacists with non-medical prescribing qualifications to support the difficulties in recruiting to the medical workforce ensuring timely access to medication support and advice.

- Recruitment of Nursing Associates to Health Facilitation roles that will work closely with Primary Care Networks to ensure that the monitoring of cardio-metabolic and physical health needs is undertaken whilst building relationships and links with broader Primary Care services to ensure that identified needs are addressed.

Right Time

Proposals for the development of Community Mental Health services reiterate the need for greater integration both within and across services and for earlier intervention. Whilst the Care Group has already piloted more integrated ways of working, for example the Mental Health First approaches in Central Cheshire and Wirral, the framework for Community Mental Health Services would see this work being accelerated alongside the increased availability of peer/ recovery mentors.

Recommendations

- Continue to work with Primary Care Networks to understand the needs of local populations and to develop integrated approaches to meeting these needs
- Develop and implement strategy for the utilisation of psychological interventions across the service.
- Review and develop the role of Peer Support workers across the service in line with the national framework
- Work with the Temporary Staffing team to explore ways of addressing challenges with availability of sufficient temporary staff from a range of staff groups to meet demand.

Section 4 - Learning Disability Services

Overview/Background

There are opportunities and challenges facing Learning Disability (LD) services as the transforming care programme continues. We aim to ensure the same opportunities for people with a Learning Disability to live in the community with the most appropriate care and support to meet their individual needs. It is well evidenced nationally that individuals with a Learning Disability who are admitted to hospital can experience significantly protracted lengths of stay and institutionalisation.

Redressing this through the transforming care programme includes repatriating those individuals who are in hospital placements back into the community and also identifying those at risk of admission to consider if admission is in their best interest. Established mechanisms are in place through staff knowledge and training to identify those at risk via completion of Care and Treatment Reviews (CTRs). Having a community staff team that can dynamically assess risk and provide intervention means that those patients who can remain in the community are getting timely intervention and it is only those with specific care needs that cannot be met within a community setting who require admission. Strong coordination, assessment and planning skills are essential to ensure that all aspects of care are navigated alongside individuals who access services, their families and carers.

In order to meet bespoke care needs there is a need for a skilled workforce with the relevant core proficiencies who can adjust and respond to the identified needs of individuals. A staff skill base with enhanced knowledge around physical health and mental health is required given the increased co-morbidities experienced by individuals with a Learning Disability and to reduce health inequalities (Learning Disability Mortality Review[4]).

From a Trust perspective, future planning around the capabilities of individual staff and also the combination of skill mix, including Nursing, Medical and Allied Health Professionals (AHPs) has commenced. This is not just exclusive to health but also considers aligned roles such as transformation workers and social workers to identify individual care needs and align health and social care needs.

[4] University of Bristol (2018) Learning Disabilities Mortality Review http://www.bristol.ac.uk/sps/leder/

Current Position

In the last 12 months the Learning Disability, Neurodevelopmental and Acquired Brain Injury Care Group (LD, NDD and ABI) has continued with a trust wide approach to delivering on transforming care. The Care Group is aligned fully with Learning Disability inpatient services with shared management and governance procedures.

We have four Adult Community Learning Disability Health teams (CLDTs) across CWP (Wirral, West and Vale, South and East, and Trafford). Three of these teams are co-located with Social Services and the remaining team is aiming for integration. There is currently no timeframe for integration however co-location continues to provide benefits allowing practitioners to quickly access colleagues in social care and discuss complex issues. As local commissioning arrangements become more integrated closer working arrangements will become possible.

Right Staff

Each Community team has a Multi-disciplinary structure. This includes Psychiatry, Administrators, Community Learning Disability Nursing, Nurse Specialists including Health Facilitators, Clinical Support Workers, Associate Practitioners, Specialist Physiotherapists, Specialist Occupational Therapists, Specialist Speech and Language Therapist[5], Clinical Psychologists.

These teams are supplemented / enhanced with trust wide leadership roles; Strategic Clinical Director, Specialist Clinical Director, Head of Clinical Services, Head of Operations, Consultant Occupational Therapist, and Patient and Carer Engagement practitioner.

As identified in the previous report we continue with the NHSi Transition Collaborative to further develop the Transition and Autism coordinator roles. Using Quality Improvement methodology specific CWP standards will be identified for transitions between CAMHS Learning Disability teams and Adult CLDT and inform future role development as and when opportunities for this arise.

[5] CWP do not directly employ SLT within Wirral CLDT and this has been highlighted with commissioners as a risk given the provision is insufficient / lacking which can impact on the CWP Wirral CLDT.

Right Skills

The LD, NDD and ABI Care Group workforce plan is a dynamic document that articulates current and future need to support planning. In order to continue to develop the workforce and respond to the challenges we have invested in the following development opportunities over the past 12 months:

- Trainee Advanced Practitioner (Speech and Language Therapy) – in training
- Trainee Advanced Practitioner (Nursing) – in training
- Trainee Advanced Practitioner (Physiotherapy) – in training
- Trainee Nurse Associates
- Quality Improvement (QI) Skills – a tiered approach for all staff to engage in QI

Each discipline now has a clinical lead at AP level or consultant in order to shape our workforce and provide clinical guidance as needed

The plans for developing the skill mix across the care group over the next 12 months include the following:

- Recruitment of a Consultant Nurse (in training)
- Increased availability of Specialist Learning Disability Practitioners (multiple disciplines - available through temporary staffing) through a recruitment drive planned for Early 2020 as part of the overarching workforce plan.
- Nurse Associates commencing in post
- Advanced Practitioners commencing in post

This is not an exhaustive list. Continuing professional development is a requirement for all practitioners. Our aim is to ensure that all development is consistent with professional need and supports the vision and aims of the Care Group.

The Centre for Autism, Neurodevelopmental Disorder and Intellectual Disability (CANDDID) is an academic centre that, alongside developing the body of knowledge relevant to the Care group, will also develop access to training for our workforce and the wider community workforce, which will have a positive impact on the effectiveness of supporting discharges from hospital and building community resilience.

CANDDID has matured in the last 12 months (http://canddid.nhs.uk). An internal governance framework has been developed to support the four work streams; Conference, Research, Education and Training. We are working in collaboration with multiple Universities to initiate and contribute to critical research, and develop academic modules that support the workforce.

Right Time

Delivering safer staffing also requires the ability to provide a timely response to the presenting needs of the individuals we support. Transforming Care has resulted in teams needing to review their skills to reflect the changing needs of our population.

CANDDID is supporting and promoting the Trust as a dynamic employment opportunity for staff, alongside being responsive to the research and training gaps that are needed to develop the workforce. The recruitment of practitioners to support research has enabled this.

We have recognised that where there are disciplines within teams that have small numbers of practitioners and where recruitment is an identified risk, considering this across a wider footprint increases options for maintaining patient safety. This work continues with a workforce plan providing the framework for delivery. Further to this a recruitment event is planned in January 2020 for qualified practitioners from all disciplines to enhance opportunities to provide a flexible workforce and attract new practitioners to CWP.

Where we have experienced shortages as a result of recruitment challenges or long term absence we will; use care group resource to support, prioritise clinical caseloads, provide MDT review (considering care pathway) and also consider need to provide supplementary resource via agency.

Recognising that LD nursing is experiencing a shortage of nurses the Care Group has and will continue to engage with recruitment campaigns including recruitment in advance of need to support addressing this.

Recommendations

- Continued use of dynamic strategic planning through workforce planning document. This broad plan to now focus on specific areas to develop capacity and capability of

the workforce and identify and strengthen core skills and competencies that are generic to the whole of the MDT.

- A continued investment in the CANDDID approach including;
    - continued recruitment of research assistants to support the existing clinical leadership.
    - The development of CWP practitioners to contribute to research and training.
- Enhance physical health skill base and support system wide understanding and recognition of comorbidities (response to Learning Disabilities Mortality Review Programme) through;
    - Development of physical health screening tool (Physical Health DST).
    - Involving practitioners in development of Physical Health DST.
    - Development of training packages to support wider system change.
    - Aligning Advanced Practitioners within existing care pathways
- Recruitment event to be held in January 2020 focussing on qualified specialist Learning Disability practitioners
- Continued escalation regarding potential / actual risks within the workforce through the care group risk register, outlining measures undertaken to address and mitigate.

Section 5 Starting Well 0-19, SALT, paediatric continence

Overview and Background

Starting Well services include the Starting Well 0-19 service, Speech and Language Therapy service and Paediatric Continence.

Starting Well 0-19 commenced in January 2018 following the re-procurement of 0-19 public health services for children as an integrated model with the Children's Centre core offer and early years education provision. Following the award of the contract to CWP in May 2017 the mobilisation of the new service model commenced. This included the TUPE of staff from East Cheshire Trust and Cheshire West and Chester and a management of change process involving 160 staff to implement the new service model. All staff had new job descriptions and were part of 8 integrated teams in the 3 Cheshire West and Chester Districts of Ellesmere Port and Neston, Chester and rural, Northwich and Winsford.

The integrated service provision included delivery of the following specifications:

- Health Visiting 0-5
- Health and Well-being 5-19
- Family Nurse Partnership (FNP)
- Children's Centre Core offer
- Immunisation and Vaccination (commissioned separately by NHS England)

The staffing structure for the new service was informed by requirements of the above specification, TUPE list information provided as part of the bid process and financial envelope for the whole service.

The staff roles within the new integrated service included some service wide roles as well as those making up the teams in each of the districts. Service wide roles included:

- Transformation and Innovation Lead
- Workforce Development and Family Nurse Practitioner Lead
- Participation and Engagement Worker
- Immunisation and Vaccination Lead
- Starting Well Health Visitor Breastfeeding Lead
- Project Assistant for Imms and Vacs
- Starting Well on-line advisor
- Starting Well integrated access and referral team health practitioner

- Starting Well FNP Administrative Support

Each of the districts included the following roles:

- District Lead
- Starting Well base lead (Health Visitor or Public Health Nurse)
- Starting Well Family Nurse
- Starting Well Health Visitor
- Starting Well Public Health Nurse
- Starting Well Early Years Workers
- Starting Well Nurses
- Starting Well Nursery Workers
- Starting Well Support Workers
- Starting Well My Wellbeing Advisors
- Starting Well Support Workers

Whole time equivalent for each of the roles was determined by a number of factors for each of the functions including public health data, TUPE information, and expertise within the service to determine best practice. Public health data for the Index of Multiple Deprivation (IMD) – numbers of children living in poverty determined by the top 30% living in poverty was used to inform the Health Visiting capacity in each district which was then aligned to each Children's Centre footprint.

Previously the service had been part of the national 'Call to Action' to increase the number of Health Visitors across England. There were no national plans to protect these increased numbers going forwards and no specific numbers commissioned within the Starting Well specification.

A key element of the bid for the integrated teams was to ensure shared knowledge and skills across the Starting Well workforce whilst maintaining expertise and specialism across health and early years. Each of the 3 District Leads had a background and specialism in either Health Visiting, 5-19 public health or Early Years. This protected the safety of the quality of service provision for each of the core functions.

The Speech and Language Therapy (SALT) service is integrated with Starting Well in relation to the Children's Centre core offer provision for early years speech and language

development. Level 1 continence provision is also part of the service and is supported by the paediatric continence service for more specialist provision.

Current Position

Over the first 2 years of the Starting Well service, a key area of development has been the transformation of the workforce to work in an integrated way and develop partnerships with others to ensure improved outcomes for children and families. It has required staff within the service and the teams to lead on areas of specialty and to ensure a consistency of offer across the whole service area.

Over the 2 years the service model has been reviewed to ensure the right staff with the right skills are working efficiently in the teams. This has included input from Local Authority public health specialists to review the public health data at a Children's Centre population level to ensure areas of highest need have the highest level of resource to support the reduction in health in-equality. Progression has been measured through the performance management framework which includes targets to measure performance in the highest areas of need. Staff feedback and engagement has continued to ensure changes and development is informed by clinical knowledge and local requirements. Over the course of the contract there has been increased performance in many of the key performance indicators. Role development as part of the workforce plans for the service has been central to ensuring safety of service provision and sustainability of both performance and finance.

Safer Staffing : Right Staff

Retention and recruitment of staff has been a challenge over 2018/19 and reduced capacity in the Health Visiting staff by 15% has led to this risk being managed at a Care Group level. Projections to model future staffing profiles has been undertaken based on previous patterns of starters and leavers. A number of actions have been taken to ensure the right staff are recruited and retained:

- **Rolling recruitment**

This was implemented with support from finance and the recruitment team to ensure a co-ordinated and efficient approach to recruitment to avoid the 'stop/start nature of recruitment cycles. This was successful in supporting the level of Health Visitors to reach establishment figures over a period of 12 months.

- **Recruitment in advance of need**

This was implemented through the recruitment day for student nurses from Chester University using the values based recruitment process. This resulted in 3 staff being recruited to the service directly on qualifying. A review of turnover over the last 2 years has determined that this approach to recruitment is low risk and the service has actually not been in a position of over-establishment due to the ongoing turnover of staff.

- **Retention**

The service had a high number of leavers contributing to the reduced capacity across teams. All had exit interviews and reasons for leaving reviewed. Significantly over the last 12 months some staff have returned to CWP and the service is continuing to respond to staff feedback to identify areas of strength that encourage staff to stay or return to the service. For example, feedback from staff has resulted in provision of additional administrative capacity to preserve the specialist functions of Health Visitors and Public Health Nurses.

- **Use of Temporary Staff - Immunisation and Vaccination team**

The immunisation programme for the service has increased significantly over the last 2 years. Within the previous service structure, capacity of the 5-19 provision was considerably impacted as staff were required to deliver immunisations. Over the course of the current contract the temporary staffing team for Starting Well immunisations has increased following a number of staff who have retired from the service returning to work on a part time, as required basis. This has led to a strong temporary staff team with skills and experience that adds value to the service and also supports the financial efficiency of this model of service provision. It has supported the retention of key skills within the service beyond the retirement age for staff and supports staff in planning their retirement knowing that they can remain within the service. The headcount within the temporary staffing team is 15 – all previous permanent staff members, with a high level of commitment to working across all the school based immunisation programmes which continue to expand.

Safer Staffing – Right Skills

- **Workforce Training Programme**

The service has a training programme which was developed as part of the new service model. This has been led by the Workforce Lead/FNP Supervisor within the service. Part of the service model has been to support the development of staff knowledge and skills across

the whole 0-19 function. The service has developed capacity to allow Family Nurses to deliver the high quality FNP training modules on communication, motivational interviewing, teenage brain and bonding and attachment across the whole Starting Well workforce. This has ensured that the service maximises the investment in FNP and that a consistent level of approach is rolled out across the service. Training has been adapted to incorporate bespoke elements pertinent to the Starting Well service – for example, provision of a focus on children with additional needs (SEND). Follow up skills training is being delivered by the Family Nurses within the teams to ensure skills are embedded.

- **Role development**

Within the service, capacity and resilience has been strengthened through skills training for a number of roles within the service. This has included:

- My Wellbeing Advisors trained in growth measurement, brief interventions and Making Every Contact Count (MECC)
- Early Years Workers trained in providing 2 year assessment
- Business Support staff trained in reporting systems
- Team Around the Family (TAF) training for all staff in new model of working
- Support Workers developing skills to deliver flu immunisation programme

Safety has been central to areas of clinical development to ensure clear accountability and that delegation of tasks is within a strong governance framework. This has been led by the Consultant Nurse for the service.

- **Form follows function**

Workforce planning has included a review, with staff, in the development of the Health Visitor, Public Health Nurse and Starting Well Nurse roles.

This has included mapping all the functions, assigning time for each function, scoping the volume and identifying the competency and staff role required to fully quantify the capacity required to ensure sufficiency to deliver each function. This will ensure clarity of role, particularly between Public Health Nurses (band 6) and Starting Well Nurses (band 5). This work is ongoing and is being fully co-produced with relevant staff. This will preserve the specialisms of each role and identify work that can be delegated or undertaken by other roles within the service.

- **Career Progression**

Staff training has included the dual training across both Health Visiting and School Nursing for some staff as a career option. This has supported the flexibility of the workforce as it continues to develop the service across the 0-19 pathway.

Safer Staffing - Right Time

- **Management of Change for Duty System**

In order to ensure the key function of the duty system could be implemented, the service undertook a management of change process involving 90 staff during autumn 2019. This was to ensure staff were available at the right time to deliver the service in line with service need. In addition to this, flexible working requests were submitted by staff and these were considered once all days and hours required by the service were covered.

- **Specialist Roles**

Over the first year of the contract, the service model was embedded and tested. During year 2, specialist roles were identified as being required to provide the leadership for key functions within the service. These have included temporary posts: Specialist Educational Needs and Disabilities (SEND) lead role and TAF practitioner roles and have been funded at this time from underspend caused by vacancy. This has allowed for roles to be tested to identify whether permanent roles are required or whether practice can be sustained following a time limited period of dedicated focus for a specific area. This approach will continue to be modelled going forwards.

- **Senior Leadership Review**

A review of the service leadership has been undertaken which has been informed by Base Leads and District Leads within the service and feedback from staff. At the end of the 2nd year of the 5 year contract it is timely to implement a revised senior leadership structure that will embed over the 3rd year of the contract.

Recommendations

The following recommendations continue to support the safer staffing of the service as it continues to develop and evolve in response to service need that will meet specification requirements, respond to the changing workforce and continue to ensure Starting Well attracts and retains valued staff:

- Leadership re-structure via management of change process, co-produced with staff
- Re-alignment of roles within Public Health Nurses and Starting Well nurses
- Re-alignment of Health Visiting role with Starting Well Nurses
- Development of skills to meet key functions across the workforce
- Development of Safeguarding Specialist Nurse B6 within the structure
- Continue to review sufficiency of roles at each level within the staff structure
- Continue to develop the supervision model to underpin role developments

Section 6 –Community Child and Adolescent Mental Health Services (CAMHS)

Overview

The Children, Young People and Families Care Group developed and implemented a priority project for Community CAMHS models of care across the Trust footprint.

Phase one of the priority project has concluded and a post implementation review has been undertaken and reported to Operational Committee. The purpose of the priority project was to reduce unwarranted variation in delivery of care across Community CAMHS in CWP. To achieve this, we explored efficiency, effectiveness, experience and safety of current service delivery models to enable a common understanding of what provision is commissioned and delivered across Cheshire and Wirral to inform quality improvement.

The project in phase 1 has informed better ways of working with efficient and effective use of funding driven by best practice, learning from experience and service user feedback to increase engagement and performance. It considered the different commissioning intentions and aspirations and sought to ensure, where possible, that there is consistency in the delivery of our core offer to Children, Young People and their Families by reducing unwarranted variation. The project worked within the two specifications agreed for Cheshire CCG's and Wirral to inform; service delivery, outcome measurement and reporting and service development underpinned by participation with Children and Young People and their families.

From the post implementation review of phase 1 the following outcomes and benefits have been achieved:

- The outcomes aligned to the scoping of the current position within community CAMHS and how the services are working have been achieved in full.
- The project has created a number of essential standards for all teams to adopt in order to reduce the identified variation in terms of access, choice, partnership and treatment – these include standard use of outcome measurement tools, data input and the delivery of CHOICE (Choice appointments are the first contact the person has with the service).
- The project has explored current staffing numbers, roles and structures across all teams in their current state – although this was explored as an initial objective, it has

been concluded that the review of these in detail to inform a new staffing structure was not achievable within the 6 month project period.

- The project team has developed a proposed service model and leadership structure which will be consistent across all Community CAMHS services. The project team recommend that the project has a phase two period to develop new team structures from Band 7 and below with role functions and Whole Time Equivalent based on consistent application of the CHOICE and Partnership Approach to effectively operationalise the proposed model.
- The objectives around service access require further exploration and discussion due to the difference in local commissioning arrangements with services delivering against two service specifications (Wirral specification and Cheshire specification). Also linked to commissioning arrangements is the scoping and development work that informs the clinical pathways delivered. There is variation across all services due to the commissioning of specialities particularly in relation to Autism and ADHD.
- The Data Dictionary work has been completed and Education CWP are leading on the role out of training programmes for all staff to ensure that data input and data capture is consistent, accurate and timely to ensure reliable data quality feeds, both internal and external and accurate local and national data reporting.

Priority Project work streams: What went right and why?

Operations and Workforce work stream:

The Project Team successfully engaged with staff through work stream meetings to facilitate a multi-disciplinary response to service scoping and model development, this has included the Essential Standards produced for the Services. The project has scoped all current activity and workforce structures across the Community CAMHS Services and understands the current position. It was intended that this scoping would lead to a wider piece of work to agree team structures, roles, responsibilities and skills to inform an agreed suite of job descriptions – however this piece of work was determined to be unachievable in the initial timescales and will be addressed during phase 2 of implementation.

Data and Outcomes work stream:

In the later stage of the project the Data and Outcomes work streams were merged based on the commonality and interdependencies between the two. It was reported through the work stream that the implementation of the CYP Data Dashboard to formulise and standardise reporting arrangements and data collection has been achieved. The data dashboard is successfully pulling data from the clinical systems in a planned phased

approach. This piece of work started pre-project and will continue to develop post project in line with service developments and agreed actions with commissioners. The Data group have formalised the Data Dictionary work and through collaboration with Education CWP have commenced a mandatory training programme for all Community CAMHS Staff.

Self-Harm Work stream

This work stream commenced and reviewed all the pathways across the Care group; however it was acknowledged that there was a corporate project being undertaken in relation to self-harm including changes to the datix reporting. In order to fully align with corporate priorities this work stream was paused and will take its lead from the Suicide Prevention Strategy sub-group in the future when considering a new CAMHS model.

Learning from phase 1 of the priority project

The timeframe for the project did not allow time for all of the development work required to agree a single model of care for Community CAMHS and so the end point of the project presents a proposed skeleton model of how the revised service model will look operationally, however further work needs to be undertaken to develop an efficient and effective workforce to deliver the service which takes into account the commissioned and clinical variations within each 'place'.

There is ongoing discussion around how data is counted across all services in order to align and reduce variation. We have found that access to service arrangements are complex and vary across all services – and there are wider required around how the service is commissioned and how waiting lists are managed. At present each place manages these differently. A single standard operating procedure (SOP) will be developed with respect to waiting list management and in line with the wider Data Quality project the CYPF care group are undertaking.

Recommendations

The model of Care Community CAMHS Phase 2 of the priority project will become business as usual. The trust's Operational Committee agreed the following recommendations put forward as part of the phase 1 post implementation review.

1. Model of Care Community CAMHS Phase 2: Further phase for the priority project to focus on:

- The development of a staffing structure from Band 7 and below based on demand, number of WTE per team

- Review of all job roles and team functions to inform consistency of offer across all services based on access figures, CAPA and WTE to align and inform workforce strategy for Community CAMHS
- Development of a single set of job description's for Community CAMHS based on roles required to deliver the service underpinned by the principles of skills mix, partnership working
- Review of Clinical Pathways in use across all Services to align and implement

2. An Options appraisal to be completed in relation to proposed management and leadership structures.

Section 7 - Neighbourhood Care Community Teams

Overview

The focus of this report is to provide assurance regarding the safer staffing requirements within the Care Community Teams (CCT'S). Eight Care Community Teams provide therapy and nursing care, in the community, which are aligned to the Primary Care Networks.
Right Staff

The Safer Staffing Situation Report (SSSR) has developed is now successfully in place. Variances in reporting had been identified and staff reported challenges in the collation of information. The SSSR reporting tool was then reviewed and co designed with staff. A Standard Operating Procedure has been created to enable consistent reporting across teams. The SSSR provides daily oversight of the capacity and demand of each CCT. The number of visits planned against the total number of hours available including allocated hours to respond to unplanned need is reported on a three day cycle. The unplanned care demands are reported retrospectively each day. Analysis of this data will inform each team's capacity requirement to meet the unplanned care needs, enabling the activity to be built into the workforce requirements. Community nursing and therapy are reported separately enabling responsiveness for nursing and for therapy care to be monitored.
Prospective planning of visits and the available time to care has enhanced understanding of when and where additional staffing requirements are needed and these are reported within the SSSR.

Right Skills

A review of competencies comparative to the needs of the population is being undertaken as part of the Integrated Care Partnership Care Communities Programme. Team leaders from all Care Community Teams have commenced the Primary Care Network (PCN) Leadership Development Programme which aims to enable team leaders to contribute to the wider team within the PCN and to develop skills towards becoming effective systems leaders.

The commitment to provide advanced clinical care in the community continues to be a priority with a further cohort of trainee advanced clinical practitioners commenced in September 2019. The increase in trainee advanced clinical practitioners has enabled advanced care provision to be provided in each care community. The review of the Community Matron role will progress alongside the advanced clinical care review in conjunction with the Hospital at Home provision to provide consistent and co-ordinated care to the local population. Advanced clinical practice provision is a key work stream to ensure

there is effective service provision across the health economy to avoid unnecessary hospital admissions. The review of the clinical case manager role will be completed aligned to the advanced care review.

Phlebotomists have been trained to undertake baseline observations (temperature, pulse rate, blood pressure and oxygen saturation). This has resulted in effective use of time and released time to care for health care assistants and registered community nursing staff.

Right Time and Right Place

E-rostering has been successfully piloted in one of the Ellesmere Port CCT caseload. This has released capacity for the band 6 clinical leads resulting in increased time to provide more direct patient care. Therefore implementation across the whole Ellesmere Port CCT has taken place.

Information gained from the SSSR has enabled the identification of fixed day working agreements, particularly within the Ellesmere Port CCT. This was impacting on staff being in the right place at the right time to deliver and respond to care needs across the seven day period. Whilst a review of fixed day working arrangements is being undertaken across all CCT's, the staffing in Ellesmere Port CCT has been realigned to ensure there is safer staffing for the seven day period.

The SSSR has enabled understanding of activity demands against availability of clinical hours. This had resulted in the staffing establishment for band 5 community nurses in Ellesmere Port and Princeway CCT's being reviewed and a need to increase registered nurses numbers identified. Recruitment for registered nurses has taken place accordingly.

Recommendations

- Analysis of the unplanned activity data to assist teams to identify response hours needs to meet unplanned care needs and align to capacity and establishment reviews.
- Implement e-rostering across all CCT's to release capacity for direct patient care provision by band 6 clinical leads.
- Progression of the Advanced Clinical Practitioner model across the Cheshire West Integrated Care Partnership.